SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000090145 (0) **DOCUMENT #** WILBUR BAY MARINE PRODUCTS, INC. Principal Place of Business Mailing Address 2900 S. NOVA RD. 2900 S. NOVA RD. SUITE A101 SUITE A101 SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119 3. Date Incorporated or Qualified 3a. Date of Last Report 11/22/1995 Principal Place of Business Mailing Address 4. FEI Number Applied For 2. 593345979 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Ζφ Country This corporation has liability for intarigible tax under s. 199.032 Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BUCK, GARY M 2900 S. NOVA RD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE A101 83 **SOUTH DAYTONA FL 32119** 84 City 85 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. (NOTE forgularised Agent agent instruction of which resistating) Stgnahme, typed or pensed nan mof required a gent and the if any Walkie. OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) DELETE Change Addition 1.1 TIFLE TITLE BUCK, GARY M CR2E034 NAME 1.2 NAME 2900 S. NOVA RD., STE. A101 STREET ADDRESS 1.3 STREET ADDRESS **SOUTH DAYTONA FL 32119** CITY ST-ZIP DELETE Charge ____ Addition TITLE 2.1 THEE BUCK, M. KRISTINA 2.2 NAME 2900 S. NOVA RD., STE. A101 STREET ADDRESS 2.3 STREET ADDRESS **SOUTH DAYTONA FL 32119** CITY - ST - ZIP 2 4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3.1 TILLE 3.2 NAME 3.3 STREET ADORESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST. 7IP Change Addition DELFIL 5.1 THLE STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY - ST - ZIP Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6 4 CHTY - \$1 - ZIP I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904.761 1605