

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90001 014 ***550.00

DOCUMENT # P96000084262

1. Corporation Name

G AND B MARINE, INC.

Principal Place of Business

Mailing Address

632 COLUMBUS DR. EAST
TIERRA VERDE, FL 33715

632 COLUMBUS DR. EAST
TIERRA VERDE, FL 33715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10-11-1996

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MATTHEW CARROLL~~
TANNEBAUM, MICHAEL D
2161 Palm Bch. Lakes Blvd
West Palm Bch., FL 33409
~~632 COLUMBUS DRIVE EAST~~
~~TIERRA VERDE, FL 33715~~

81 Name MATTHEW CARROLL
82 Street Address (P.O. Box Number is Not Acceptable)
632 COLUMBUS DR. EAST
83
84 City TIERRA VERDE FL 85 Zip Code 33715

11. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ROBERT BLUM	<input checked="" type="checkbox"/> DELETE
NAME	PRESIDENT	
STREET ADDRESS	148 WATERS EDGE DR.	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT GODFREY	
STREET ADDRESS	134 SPY GLASS LANE	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	TREASURER	<input checked="" type="checkbox"/> DELETE
NAME	BETTY GODFREY	
STREET ADDRESS	134 SPY GLASS LANE	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	SECRETARY	<input checked="" type="checkbox"/> DELETE
NAME	LESLIE BLUM	
STREET ADDRESS	148 WATERS EDGE DR	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MATTHEW CARROLL	
1.3 STREET ADDRESS	632 COLUMBUS DR. EAST	
1.4 CITY-ST-ZIP	TIERRA VERDE, FL 33715	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-18-99 (727) 895-7273

CR2E034 (1/198)