FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 402260



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90135 035 ***158.75

DO NOT WRITE IN THIS SPACE

1. Corporation Name	450200	
E & H BOAT WORKS	. INC.	
E di II Doini Wome	,	

Mailing Address Principal Place of Business 2180 IDLEWILDE RD. 2180 IDLEWILDE RD. LAKE PARK FL 33410 LAKE PARK FL 33410 2a. Mailing Address 2. Principal Place of Business

26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 22 City & State City & State 28 23 Country Zip Country Zip 30 29 25 24 9. Name and Address of Current Registered Agent

12/30/1975 4. FEI Number 59-1679311 5. Certificate of Status Desired 6. Election Campaign Financing

3. Date Incorporated or Qualifed

\$5.00 May Be **Trust Fund Contribution** 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent

Added to Fees

Zip Code

Applied For

8.75 Additional

Fee Required

Not Applicable

HODGE, CHRISTOPHER 2180 IDLEWILDE RD. LAKE PARK FL 33410

		<u> </u>
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
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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

81 Name

City

office or re	gistered agent, or both, in the State of Florida. Such change was auton familiar with, and accept the obligations of, Section 607.0505, Florid	nonzed by the corpora la Statutes.	Mon's board of direct	Æ3	8	1999	_	ı
	Color To Balandar	ILES		POS	_0_	DATE		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature requ	ired when reinstating)	CHANGES TO	OFFI	CERS AND DI	RECTOR	S IN 12
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS	CHANGES	, 0111	<u></u>	Change	Addition
TITLE	PD DELETE	1.1 TITLE						
NAME	HODGE, CHRISTOPHER	1.2 NAME						
STREET ADDRESS	2180 IDLEWILDE RD.	1.3 STREET ADDRESS						
CITY-ST-ZIP	LAKE PARK FL	1.4 CITY-ST-ZIP					Change	☐ Addition
TITLE	STD DELETE	2.1 TITLE	*					_
NAME	HODGE, ANDREA	2.2 NAME						
STREET ADDRESS	2180 IDLEWILDE RD.	2.3 STREET ADDRESS						
CITY-ST-ZIP	LAKE PARK FL	2.4 CITY-ST-ZIP					Change	Addition
TITLE	☐ DELETE	3.1 TITLE		•		. ب	onding o	
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY-ST-ZIP				<u> </u>	Change	☐ Addition
TITLE	☐ DELETE	4.1 TITLE				Ц	Change	
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
		4.4 CITY+ST-ZIP	<u> </u>	<u> </u>			<u> </u>	Addition
CITY-ST-ZIP	DELETE	5.1 TITLE			٠.	Ц	Change	Addition
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
		5.4 CITY-ST-ZIP				<u></u>		E A LEGG.
CITY-ST-ZIP TITLE	☐ DELETE	6.1 TITLE					Change	Addition
		6.2 NAME						
NAME :	j.	6.3 STREET ADDRESS						
STREET ADDRESS		6.4 CITY-ST-ZIP						
OUTS/ OT 710						F 11		formation

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 receiver 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.