

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

FILED

May 08 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **H64036** (7)
1. Corporation Name
NIMBLE BOATS, INC.

Principal Place of Business
**6135 142ND AVENUE. N
CLEARWATER FL 34620**

Mailing Address
**6135 142ND AVENUE. N
CLEARWATER FL 34620-2743**



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|---|--|--|--|--|--|--|--|
| 2. Principal Place of Business 21 1005 GUNN Hwy Suite, Apt #, etc. 22 City & State 23 Odessa, FL Zip 24 33556 Country 25 | | 2a. Mailing Address 26 1005 GUNN Hwy Suite, Apt #, etc. 27 City & State 28 Odessa, FL Zip 29 33556 Country 30 FL | | 3. Date Incorporated or Qualified 06/27/1985 | | 3a. Date of Last Report 04/22/1996 | |
| | | | | 4. FEI Number 59-2555733 | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent KOCH, GERALD L. 608 NORTH MAYO P.O. BOX 898 CRYSTAL BEACH FL 34881 | | | | 10. Name and Address of New Registered Agent 81 Name Koch, Gerald L. 82 Street Address (P.O. Box Number is Not Acceptable) 1005 GUNN Hwy 83 84 City Odessa FL 85 Zip Code 33556 | | | |

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: Gerald L Koch DATE: 4/30/97
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|------------------|
| TITLE | PST | 1.1 TITLE | PST |
| NAME | KOCH, GERALD L. | 1.2 NAME | Koch, Gerald L. |
| STREET ADDRESS | 608 NORTH MAYO | 1.3 STREET ADDRESS | 1005 GUNN Hwy |
| CITY-ST-ZIP | CRYSTAL BEACH FL 34881 | 1.4 CITY-ST-ZIP | Odessa, FL 33556 |
| TITLE | | 2.1 TITLE | V.P. |
| NAME | | 2.2 NAME | REUBEN LAWRENCE |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 50 BURLYN CT |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Odessa FL 33469 |
| TITLE | | 3.1 TITLE | JOSEPH L. ALLEN |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: Gerald L Koch DATE: 4/30/97 813-926-0269
(NOTE: Registered Agent signature required when reinstating)

CR2E034 (9/96)