FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J19105** **(2)**

1. Corporation Name

ATLAS BOAT WORKS, INC.

Principal Place of Business

~~1020 SE 9TH E=ST.~~
~~P.O. BOX 2011~~
~~CAPE CORAL FL 33990~~

Mailing Address

P.O. BOX 150205
CAPE CORAL, FLORIDA
CAPE CORAL FL 33915
US

3. Date Incorporated or Qualified: **06/12/1986**

3a. Date of Last Report: **04/18/1995**

4. FEI Number: **59-2768945** ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 2404 Andalusia Blvd.

22 Suite, Apt. #, etc.

23 City & State: Cape Coral,FL.

24 Zip: 33909 25 Country: Lee

2a. Mailing Address

26

27 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

SASSO, M. DANIEL
3624 S. DEL PRADO BLVD.
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1937 and Section 608.4101, 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 duties and responsibilities of registered agents, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

DP
GAMSO, THOMAS
223 S.E. 2ND TERRACE
CAPE CORAL FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual reports 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 added to the report with an "A" next to it.

SIGNATURE: Thomas Gamso,President 1-22-96 941-574-2628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)