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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000041125

RAY'S OUTBOARD MOTOR WORKS, INC.

## Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90079 030 \*\*\*150.00



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Principal Place of Business Mailing Address  AND MODIFIED ADDRESS MAINING ADDRESS AND MODIFIED ADDRESS AND MODIFIE							
226 MORTON S MARATHON FL		226 Morton Street Marathon Fl. 33060		DO NOT WRITE IN THIS SPACE			
· 					3. Date Incorporated or Qualifed 05/14/1996		
	lace of Business	2a. Mailing Address 26 5 7 560 K	1.00	21 60	4. FEI Number 65-0666732	<b>├</b> ─ <b>├</b> -	Applied For Not Applicable
				2K///N J/. 03-0000132			5 Additional
Suite, Apt. #, etc. Suite Apt. #, etc.					5Certificate of Status Desired		Required
22     27					6. Election Campaign Financing	\$5.0	0 May Be
23 MARATHON, 28 MARATHON, 1-					Trust Fund Contribution Added to Fees		
Zip 24 3 <b>R.C</b>	750 [25] 11 5 A	zip 29 33050 30	Country $oldsymbol{\mathcal{U}}$		This corporation owes the current year Int Personal Property Tax.	tangible Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
VAUGHN, KATHLEEN C. 57560 MORTON ST MARATHON FL 33050				Street Addre	ess (P.O. Box Number is Not Acceptable)		
			83				
			84	City	FL	85 Zi	ip Code
l office or n	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was authori	zea by	the corporation	pration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	changing intment as	its registered registered
SIGNATURE		Book Ball		nt signature required	when reinstating) DATE		
12.	Signature, typed or printed name of registered agen		9780 AGE/ 13.	it signature required	ADDITIONS/CHANGES TO OFFICERS AN	ND DIREC	TORS IN 12
TITLE	PSTD		.1 TITLE			☐ Chang	
NAME	VAUGHN, KATHLEEN C	1	.2 NAME				
STREET ADDRESS	57560 MORTON ST	1	3 STREE	ADORESS			
CITY-ST-ZIP	MARATHON FL 33050		4 CITY-S	T-ZIP			
TITLE		☐ DELETE 2	.1 TITLE			☐ Chang	ge
NAME			.2 NAME				
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TITLE		☐ DELETE 6	.1 TITLE			☐ Chanç	ge 🔲 Addition
NAME		6	.2 NAME				
STREET ADDRESS		6	.3 STREE	T ADDRESS			
l		<b>a</b>	4 CITY-S	T. 7IP			

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.

SIGNATURE: