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

PROFIT CORPORATION ANNUAL REPORT



appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

l'LORIDA DEPARTMENT OF STATE

FILED

May 30 1997 8:00am

Secretary of State

## Sandra B. Morthant

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000059689 (5)

FLANNERY YACHTS, INC.

Principal Place of Business Mailing Address 4585 LAKESIDE DRIVE 4585 LAKESIDE DRIVE JACKSONVILLE FL 32210 JACKSONVILLE FL 32210-3311 3. Date Incorporated or Qualified 3a. Date of Last Report 07/17/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes 🗶 No 30 Florida Statutes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SMITH HULSEY & BUSEY 225 WATER STREET 82 **SUITE 1800** 83 JACKSONVILLE FL 32202 Zip Code 322/0 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. - IRes SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE Change Addition 11 TIN F HILL 1.2 NAME NAME 13 STREET ADDRESS STREET ADDRESS Jacksonulk, Fl. 32210 Vicki A. Flameny CHY-\$1-ZiP 14 C·TY-ST-ZIP ■ Addition Change 21 TITLE HILL 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS Spekson: Ile, Fl. 32210 2. 4 CITY-ST-ZIP City St. 2iP DELETE Change 3.1 TITLE Addition THLE 3.2 NAME MAME STHEFT ADDRESS 3.3 STREET ADDRESS CHY-51-20P 3.4. CITY - ST - ZIP DELETE Addition Change 4.1 THILE TOTAL 4. 2 NAME NAM 4.3 STREET ADDRESS STHEET ADDRESS 018Y - ST - 7IP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Diff-ST-ZP DELETE Change Addition THE 61 TIFLE 6.2 NAME STREET ADDRESS **63 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 inclicated 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