

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 310529 (3)

1. Corporation Name:

THE OUTBOARDER OF SARASOTA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 10:55

Principal Place of Business

18025 US 19 NORTH
CLEARWATER FL 34624

Mailing Address

18025 US 19 NORTH
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/27/1966

3a. Date of Last Report

02/07/1994

4. FEI Number

59-1628372

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

Suite, Apt. #, etc.

23. City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

28. City & State

29

Zip

Country

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

CLARK, FRANKLIN D.
18025 US 19 NORTH
CLEARWATER FL 34624

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

MCGILL, WILLIAM H

STREET ADDRESS

18025 US 19 NORTH

CITY - ST - ZIP

CLEARWATER FL

TITLE

STD

NAME

CLARK, FRANKLIN

STREET ADDRESS

18025 US 19 NORTH

CITY - ST - ZIP

CLEARWATER FL

TITLE

V

NAME

GEORGE, THOMAS A.

STREET ADDRESS

18025 US 19 NORTH

CITY - ST - ZIP

CLEARWATER FL

TITLE

V

NAME

HODGE, ROBERT B.

STREET ADDRESS

18025 US 19 NORTH

CITY - ST - ZIP

CLEARWATER FL

TITLE

V

NAME

RUSSELL, EDWARD A

STREET ADDRESS

18025 US 19, NORTH

CITY - ST - ZIP

CLEARWATER FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

WILLIAM H. MCGILL, D.P.

1/11/95

Date

(813) 536-9489

Daytime Phone #