FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

5.1.95 P.640102

FLORIDA DEPARTMENT OF STATE
B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

AMENDED FILED

95 MAY -1 AM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **319436** **(2)**

1. Corporation Name

SEA LARK BOATS, INC.

Principal Place of Business	Mailing Address
105 BAYVIEW DR ISLAMORADA FL 33036	105 BAYVIEW DR ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/01/1967**	3a. Date of Last Report: **06/10/1994**
4. FEI Number: **59-1169890**	☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or P.O. Box 22	Suite, Apt. # or P.O. Box 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLLARD, MIGNON C. **105 BAYVIEW DRIVE** **ISLAMORADA FL 33036**	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 607.0502 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

(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent must sign)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 Title	P	01 Title	☐ Change ☐ Addition
02 Name	WOLLARD, DONALD	02 Name	
03 Street Address	105 BAYVIEW DR	03 Street Address	
04 City, St, Zip	ISLAMORADA FL 33036	04 City, St, Zip	
05 Title	VS	05 Title	☐ Change ☐ Addition
06 Name	WOLLARD, MIGNON C	06 Name	
07 Street Address	105 BAYVIEW DR.	07 Street Address	
08 City, St, Zip	ISLAMORADA FL 33036	08 City, St, Zip	
09 Title		09 Title	☐ Change ☐ Addition
10 Name		10 Name	
11 Street Address		11 Street Address	
12 City, St, Zip		12 City, St, Zip	
13 Title		13 Title	☐ Change ☐ Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City, St, Zip		16 City, St, Zip	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City, St, Zip		20 City, St, Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City, St, Zip		24 City, St, Zip	

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 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 (changed, added or deleted) with an address, with an asterisk.

SIGNATURE: MIGNON C WOLLARD Mignon C. Wollard 4/30/95 305-664-9410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0117830 CP