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Jan 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 341232 (7)

1. Corporation Name  
FLORIDA FLOATS, INC.

Principal Place of Business  
1813 DENNIS ST.  
JACKSONVILLE FL 32204  
US

Mailing Address  
BELLINGHAM MARINE  
P.O. BOX 8  
BELLINGHAM WA 98227-0008  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified  
02/07/1969

3a. Date of Last Report  
06/17/1996

4. FEI Number  
59-1230548

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

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE  
NAME GREENMAN, PHILLIP A  
STREET ADDRESS 1205 INDUSTRIAL PLACE  
CITY-ST-ZIP DIXON CA 95620

TITLE PD ☐ DELETE  
NAME TAYLOR, MITCHELL J  
STREET ADDRESS 1001 "C" ST,  
CITY-ST-ZIP BELLINGHAM WA 98225

TITLE SD ☐ DELETE  
NAME CUNNINGHAM, GEORGE  
STREET ADDRESS STE. #1718 MARINE DR.  
CITY-ST-ZIP WEST VANCOUVER, CANADA BC V741J-3

TITLE D ☐ DELETE  
NAME NISHIDA, KITAO  
STREET ADDRESS 450 A ST. STE. #505  
CITY-ST-ZIP SAN DIEGO CA 92101

TITLE VP ☐ DELETE  
NAME HALGREN, LARRY R  
STREET ADDRESS 1001 "C" ST,  
CITY-ST-ZIP BELLINGHAM WA 98225

TITLE D ☐ DELETE  
NAME MARION, ROGER  
STREET ADDRESS 343 POPLAR AVE. QUALICUM BEACH  
CITY-ST-ZIP VANCOUVER ISLAND, CANADA BC V9K1J-7

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97 360-676-2800

CR2E034 (9/96)