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Jan 15 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 389133 (0)

1. Corporation Name
SUMMERFIELD BOAT WORKS, INC.Principal Place of Business
1500 S W 17 ST
FT LAUDERDALE FL 33312Mailing Address
1500 S W 17 ST
FT LAUDERDALE FL 33312-33163. Date Incorporated or Qualified
09/29/19713a. Date of Last Report
01/22/1996

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

25

29

30

9. Name and Address of Current Registered Agent

BLACK, DAVID, CPA
4875 N. FEDERAL HWY, 4TH FLOOR
FT. LAUDERDALE FL 33308-8610

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME
PD
WATTS, SUSAN
STREET ADDRESS
RT 2 BOX 80
CITY-STATE-ZIP
ZOLFO SPRINGS FLTITLE ☐ DELETENAME
VDT
WATTS, TOM
STREET ADDRESS
RT 2 BOX 80
CITY-STATE-ZIP
ZOLFO SPRINGS FLTITLE ☐ DELETENAME
S
CORRELL, THOMAS H.
STREET ADDRESS
1500 SW 17TH ST.
CITY-STATE-ZIP
FT. LAUDERDALE FLTITLE ☐ DELETENAME
D
ALLREAD, MORT
STREET ADDRESS
1024 W STEVENS AVE.
CITY-STATE-ZIP
DELAND FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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; changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas H. Correll 1/7/97 954-585-4726

Date

Daytime Phone #

0270297

CR2E034 (9/96)