FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:32

DOCUMENT # **412037** **(4)**

1. Corporation Name
BAILEY BOAT COMPANY INC

Principal Place of Business	Mailing Address
2225 NE INDIAN RIVER DR P O BOX 637 JENSEN BEACH FL 34957-5815	2225 NE INDIAN RIVER DR P O BOX 637 JENSEN BEACH FL 34957-5815

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/31/1972**
3a. Date of Last Report: **01/19/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-1417055** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$0.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BAILEY, WALTER WAYNE
2606 N E DIXIE HWY
JENSEN BEACH, FL
33457

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BAILEY, WALTER WAYNE	12 NAME	
STREET ADDRESS	2606 N E DIXIE HWY	13 STREET ADDRESS	
CITY ST ZIP	JENSEN BEACH, FL 00000	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BAILEY, MAXINE S	22 NAME	
STREET ADDRESS	2606 N E DIXIE HWY	23 STREET ADDRESS	
CITY ST ZIP	JENSEN BEACH, FL 00000	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	BAILEY, PEGGY Y	32 NAME	
STREET ADDRESS	2606 N E DIXIE HWY	33 STREET ADDRESS	
CITY ST ZIP	JENSEN BEACH, FL 00000	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KREVITZ, LINDA B	42 NAME	
STREET ADDRESS	4176 NE HYLINE DR	43 STREET ADDRESS	
CITY ST ZIP	JENSEN FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TEEMS, WANDA	52 NAME	
STREET ADDRESS	1292 SE MENDAVIA AVE	53 STREET ADDRESS	
CITY ST ZIP	PORT ST LUCIE FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 if changed, or on an attachment with an address.

SIGNATURE: Linda B Krevitz — 1/9/95 — (407)334-0936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0370042 CR