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

APPROVED AND FILED
95 APR -4 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 418868 (6)

1. Corporation Name
COBIA BOAT COMPANY

Principal Place of Business
2000 COBIA DRIVE
P O BOX 99
VONORE TN 37885

Mailing Address
2000 COBIA DRIVE
P O BOX 99
VONORE TN 37885

3. Date Incorporated or Qualified: 02/12/1973
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-1433816 ☐ 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.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
ABNER, L PHARR
147 W LYMAN AVE
WINTER PARK FL 32789

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	ATCHLEY, E.N.	1.2 NAME	ATCHLEY, E.N.	
STREET ADDRESS	500 SILVER LAKE DR.	1.3 STREET ADDRESS	2000 COBIA DRIVE	
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	VONORE, TN 37885	
TITLE	D	2.1 TITLE	D → NO Change	☒ Change ☐ Addition
NAME	ATCHLEY, E S	2.2 NAME	ATCHLEY, E.S.	
STREET ADDRESS	2000 COBIA DR	2.3 STREET ADDRESS	2000 COBIA DRIVE	
CITY-ST-ZIP	VONORE TN	2.4 CITY-ST-ZIP	~~VONORE, TN 37885~~	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	KIMURA, TED	3.2 NAME		
STREET ADDRESS	6555 KATELLA AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	CYPRESS CA	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	S	☐ Change ☒ Addition
NAME	SHAW, M.	4.2 NAME	ATCHLEY, SHARON	
STREET ADDRESS	RIVER & LLOYD ST.	4.3 STREET ADDRESS	2000 COBIA DRIVE	
CITY-ST-ZIP	NEW HAVEN CT.	4.4 CITY-ST-ZIP	VONORE, TN 37885	
TITLE	S	5.1 TITLE		☒ Change ☐ Addition
NAME	ST	5.2 NAME		
STREET ADDRESS	RIVER & LLOYD ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW HAVEN CT	5.4 CITY-ST-ZIP	ELIMINATE	
TITLE	S	6.1 TITLE		☒ Change ☐ Addition
NAME	ETHERINGTON, A. (ASST)	6.2 NAME		
STREET ADDRESS	RIVER & LLOYD STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW HAVEN CT	6.4 CITY-ST-ZIP	ELIMINATE	

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)(k), 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: E. N. Atchley 3/25/95 615884-6881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
E.N. ATCHLEY