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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 440216 (0)

1. Corporation Name
BROOKS BOAT CORPORATION

Principal Place of Business
200 EAST ROBINSON STREET
SUITE 500
ORLANDO FL 32801

Mailing Address
200 EAST ROBINSON STREET
SUITE 500
ORLANDO FL 32801-1817



2. Principal Place of Business
21 7241 Barrancas Rd.
Suite, Apt. #, etc.
22
City & State
23 Bokeelia FL
Zip
24 33922
Country
25
2a. Mailing Address
26 P.O. Box 699
Suite, Apt. #, etc.
27
City & State
28 Bokeelia FL
Zip
29 33922
Country
30

3. Date Incorporated or Qualified
11/21/1973
3a. Date of Last Report
04/16/1996
4. FEI Number
59-1500931
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

9. Name and Address of Current Registered Agent

FLORIDA CORPORATE SUPPORT INC.
200 EAST ROBINSON STREET
SUITE 500
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name Joan Brooks
82 Street Address (P.O. Box Number is Not Acceptable)
7241 Barrancas Rd.
83
84 City Bokeelia FL 85 Zip Code 33922

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

Joan Brooks

Joan Brooks, Vice Pres

3/3/97

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	PD	<input type="checkbox"/> DELETE
NAME	BROOKS, H. LEE	
STREET ADDRESS	200 EAST ROBINSON ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROOKS, JOAN	
STREET ADDRESS	200 EAST ROBINSON ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HENDRY, ROBERT R.	
STREET ADDRESS	200 EAST ROBINSON ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7241 Barrancas Rd. (P.O. Box 699)
1.4 CITY-ST-ZIP	Bokeelia FL 33922
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V/D/T/S
2.3 STREET ADDRESS	7241 Barrancas Rd. (P.O. Box 699)
2.4 CITY-ST-ZIP	Bokeelia FL 33922
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 in an attachment with an address.

SIGNATURE:

Joan Brooks
Signature and typed or printed name of signing officer or director

3/3/97

941-283-7320

Date

Daytime Phone #

CR2E034 (9/96)