

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 538000 (1)

1. Corporation Name

DAVID LOWE'S BOATYARD, INC.



Principal Place of Business

Mailing Address

4550 S E BOATYARD DRIVE
P. O. BOX L
PORT SALERNO FL 34992

4550 S E BOATYARD DRIVE
P. O. BOX L
PORT SALERNO FL 34992

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

3. Date Incorporated or Qualified

06/27/1977

3a. Date of Last Report

01/20/1995

4. FEI Number

59-1747179

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

10. Name and Address of New Registered Agent

LOWE IV, DAVID H
1892 SW OAKWATER PT
PALM CITY FL 34990

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 ☐ DELETE

NAME LOWE III, DAVID H
STREET ADDRESS 5645 S E HARBOR TERRACE
CITY-ST-ZIP PORT SALERNO FL

TITLE STD ☐ DELETE

NAME LOWE, BETTY W.
STREET ADDRESS 5645 S E HARBOR TERRACE
CITY-ST-ZIP PORT SALERNO FL

TITLE VD ☐ DELETE

NAME LOWE IV, DAVID H
STREET ADDRESS 1892 SW OAKWATER POINT
CITY-ST-ZIP PALM CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

4480 SE ROBERTSON ROAD

4480 SE ROBERTSON ROAD

4480 SE ROBERTSON ROAD

☒ Change ☐ Addition

4480 SE ROBERTSON ROAD

4480 SE ROBERTSON ROAD

4480 SE ROBERTSON ROAD

☐ Change ☐ Addition

4480 SE ROBERTSON ROAD

4480 SE ROBERTSON ROAD

☐ Change ☐ Addition

4480 SE ROBERTSON ROAD

4480 SE ROBERTSON ROAD

☐ Change ☐ Addition

4480 SE ROBERTSON ROAD

4480 SE ROBERTSON ROAD

☐ Change ☐ Addition

4480 SE ROBERTSON ROAD

4480 SE ROBERTSON ROAD

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID H. LOWE IV

11/7/96

407-287-0923

Date

Daytime Phone #

CR2E034 (12/95)