

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **631449** (6)
1. Corporation Name
BANANA BOAT PRODUCTS, INC.

Principal Place of Business Mailing Address
1750 FRANKFORD AVE
STE 0
PANAMA CITY FL 32406
US
~~324 E. BCH DR. UNIT #103~~
PO BOX 15145
PANAMA CITY FL 32406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/01/1979** 3a. Date of Last Report **04/27/1994**
4. FEI Number **59-1948304** 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
7. This corporation has liability for intangible tax under S. 199.032
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26 **324 E. Beach Dr. Unit 400**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
PLESNER, CHARLES
324 E. BEACH DR., UNIT #103
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent
81 Name
82 Street Address (B.O. Box Number is Not Acceptable)
324 E. Beach Dr. #400
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE P
NAME PLESNER, CHARLES
STREET ADDRESS 324 E. BCH DR. #103
CITY-ST-ZIP PANAMA CITY, FL 00000
TITLE ST
NAME PLESNER, CAROL
STREET ADDRESS 324 E. BCH DR. #103
CITY-ST-ZIP PANAMA CITY, FL 00000
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **324 E. Beach Dr. #400**
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **324 E. Beach Dr. #400**
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(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: Carol Plesner - Carol Plesner 4-25-95 904-769-9433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #