

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **647417**

1. Corporation Name

TRADITIONAL WATERCRAFT, INC.

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90016 017 ***550.00



Principal Place of Business

1979 WILD ACRES ROAD
LARGO FL 33771
US

Mailing Address

1979 WILD ACRES ROAD
LARGO FL 34641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1979

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

33771

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

33771

30

4. FEI Number

59-1959797

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, ROBERT K
10733 SPRING STREET
LARGO FL 33774

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

TITLE ☐ DELETE

NAME **PD**
JOHNSON, ROBERT K
STREET ADDRESS **10733 SPRING ST.**
CITY-ST-ZIP **LARGO, FL 00000 33774**

TITLE ☐ DELETE

NAME **SD**
JOHNSON, JERI M
STREET ADDRESS **10733 SPRING ST.**
CITY-ST-ZIP **LARGO, FL 00000 33774**

TITLE ☐ DELETE

NAME **VD**
RYLEE, ROBERT D
STREET ADDRESS **1349 46TH AVE NE**
CITY-ST-ZIP **ST PETERSBURG FL 33703**

TITLE ☐ DELETE

NAME **GM**
BLACKWELL, E B
STREET ADDRESS **7251 CHAMELEON WAY**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

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 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 on an attachment with an address.

EARL B.

SIGNATURE:

BLACKWELL

9/15/99 (727) 535-6431

CR2E034 (5/99)

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