


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 28 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 # 653399 (6) 1. Corporation Name PRIOR BOATBUILDERS, INC.			
Principal Place of Business 4100 BAYSHORE BLVD PO BOX 645 DUNEDIN FL 34697		Mailing Address 4100 BAYSHORE BLVD PO BOX 645 DUNEDIN FL 34697-0645	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent PRIOR, HARVEY L. 4100 BAYSHORE BLVD. DUNEDIN FL 34698		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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE PD <input type="checkbox"/> DELETE NAME PRIOR, HARVEY L STREET ADDRESS 10 EAGLE LANE CITY-ST-ZIP PALM HARBOR FL		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME PRIOR, RICHARD STREET ADDRESS 2200 COLONIAL CIR CITY-ST-ZIP GAINESVILLE GA		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 3331 LITTLE CIRCLE 2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME PRIOR, W KELLY STREET ADDRESS 4890 W. KENNEDY BLVD., SUITE 450 CITY-ST-ZIP TAMPA FL		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS [REDACTED] 3.4 CITY-ST-ZIP	
TITLE SD <input type="checkbox"/> DELETE NAME PRIOR, DANIEL STREET ADDRESS 340 CHATHAM WAY CITY-ST-ZIP PALM HARBOR FL		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 3477 JENNY LANE 4.4 CITY-ST-ZIP BARTLETT, TN 38135	
TITLE D <input type="checkbox"/> DELETE NAME PRIOR, JOANNE H. STREET ADDRESS 10 EAGLE LANE CITY-ST-ZIP PALM HARBOR FL		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME PRIOR, WALTER K. STREET ADDRESS 4100 BAYSHORE BLVD. CITY-ST-ZIP DUNEDIN, FL		6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 4100 BAYSHORE BLVD 6.4 CITY-ST-ZIP DUNEDIN, FL 34698	

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 on an attachment with an address.

SIGNATURE: *Harvey L. Prior* **HARVEY L. PRIOR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97
Date

813/784-1396
Daytime Phone #

0461236

CR2E034 (9/96)