FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 16 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756514 (6)

1. Corporation Name

TAVARES BOATING CLUB, INC.

Principal Place of Business	Mailing Address
C/O PAUL JACOBUS 34310 ISLAND DR LEESBURG FL 34788 US	C/O PAUL JACOBUS 34310 ISLAND DR LEESBURG FL 34788 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1981
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2366949 ☐ Applied For ☐ Not Applicable

	Principal Place of Business	Mailing Address
2. / 2a.	21 C/O JAMES PECKHAM	26 C/O JAMES PECKHAM
Suite, Apt. #, etc.	22 456 KING WAY	27 456 KING WAY
City & State	23 TAVARES, FL.	28 TAVARES, FL.
Zip / Country	24 32778 / 25 US	29 32778 / 30 US

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JACOBUS, PAUL C
32310 ISLAND DR
LEESBURG FL 34788

10. Name and Address of New Registered Agent

81 Name: PECKHAM, JAMES
82 Street Address (P.O. Box Number is Not Acceptable): 456 KING WAY
83
84 City: TAVARES, FL FL 85 Zip Code: 32778

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: James H. Peckham JAMES H. PECKHAM 1/9/95
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	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	JACOBUS, PAUL C	1.2 NAME	PECKHAM, JAMES	
STREET ADDRESS	34310 ISLAND DR	1.3 STREET ADDRESS	456 KING WAY	
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	TAVARES, FL. 32778	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	PECKAHM, JAMES	2.2 NAME	ROPER, RALPH	
STREET ADDRESS	456 KING WAY	2.3 STREET ADDRESS	3326 MANATEE ROAD	
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP	TAVARES, FL. 32778	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	DRESSLER, JANICE	3.2 NAME	DANWEBBER, ELAINE	
STREET ADDRESS	34406 ISLAND DR	3.3 STREET ADDRESS	11209 FOUNTAIN LAKE BLVD.	
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	LEESBURG, FL. 34788	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SMITH, FRANK	4.2 NAME	LACKEY, JAMES	
STREET ADDRESS	3317 RAINBOW RD	4.3 STREET ADDRESS	324 EAST ROSEWOOD LANE	
CITY-ST-ZIP	TAVARES FL	4.4 CITY-ST-ZIP	TAVARES, FL. 32778	
TITLE	TD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	JACOBUS, JEWEL E	5.2 NAME	ALFORD, JEWEL	
STREET ADDRESS	34310 ISLAND DR	5.3 STREET ADDRESS	1676 NASSAU CIRCLE	
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	TAVARES, FL. 32778	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	DRESSLER, LARRY	6.2 NAME	SMITH, FRANK	
STREET ADDRESS	34406 ISLAND DR.	6.3 STREET ADDRESS	3317 RAINBOW ROAD	
CITY-ST-ZIP	LEESBURG FL	6.4 CITY-ST-ZIP	TAVARES, FL. 32788	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James H. Peckham JAMES H. PECKHAM 1/9/95 904-343-3937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060504