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APPROVED
AND
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MAY 17 1995

STATE OF FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
Division of Corporations

DOCUMENT # 766848 (6)

CHRIS CRAFT ANTIQUE BOAT CLUB, INC.

Principal Officer - President
**% WILSON W. WRIGHT
217 SOUTH ADAMS ST
TALLAHASSEE FL 32301**

Principal Officer - Secretary
**% WILSON W. WRIGHT
217 SOUTH ADAMS ST
TALLAHASSEE FL 32301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/04/1983** 3a. Date of Last Report **01/28/1994**
4. FEI Number **59-2553808** Applied For ☐
Not Applicable ☒

2. Principal Place of Business 2a. Mailing Address
21 26
State Apt # etc. State Apt # etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

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

**WRIGHT, WILSON W.
217 SOUTH ADAMS ST
TALLAHASSEE FL 32301**

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 607.0912 and 607.1504, 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 607.0905, Florida Statutes.

SIGNATURE

Signature and typed name of person who is registered agent for the corporation

Signature and typed name of person who is registered agent for the corporation

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME STREET ADDRESS CITY, ST, ZIP	PD IRWIN, JIM IRWIN MARINE LAKEPORT NH
12.2 NAME STREET ADDRESS CITY, ST, ZIP	VD VINCENT, JEAN (CHRMAN) FIVE FAIRVIEW POINTE TAVARES FL
12.3 NAME STREET ADDRESS CITY, ST, ZIP	SD WRIGHT, WILSON W 217 SOUTH ADAMS ST TALLAHASSEE FL
12.4 NAME STREET ADDRESS CITY, ST, ZIP	
12.5 NAME STREET ADDRESS CITY, ST, ZIP	
12.6 NAME STREET ADDRESS CITY, ST, ZIP	
12.7 NAME STREET ADDRESS CITY, ST, ZIP	
12.8 NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONAL CANDIDATES TO OFFICERS AND DIRECTORS IN '95

13.1 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.2 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.3 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.4 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.5 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.6 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.7 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.8 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

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 139.017, 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 treasurer or a person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 17, 1995 904-224-5169