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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F94000001724 (3)

1. Corporation Name

OMC RECREATIONAL BOAT GROUP, INC.

Principal Place of Business

100 SEA HORSE DR.
WAUKEGAN IL 60085

Mailing Address

100 SEA HORSE DR.
WAUKEGAN IL 60085



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1994

4. FEI Number

36-3918531

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME BOWMAN, H.W.
STREET ADDRESS 100 SEA HORSE DR.
CITY-ST-ZIP WAUKEGAN IL

TITLE P ☒ DELETE

NAME VITULLI, C.J.
STREET ADDRESS 100 SEA HORSE DR.
CITY-ST-ZIP WAUKEGAN IL

TITLE DVS ☒ DELETE

NAME BADDELEY, D.J.
STREET ADDRESS 100 SEA HORSE DR.
CITY-ST-ZIP WAUKEGAN IL

TITLE V ☐ DELETE

NAME FULMER, R.L.
STREET ADDRESS 925 FRISBEE ST.
CITY-ST-ZIP CADILLAC MI

TITLE VD ☐ DELETE

NAME ROMANO, R.S.
STREET ADDRESS 100 SEA HORSE DR.
CITY-ST-ZIP WAUKEGAN IL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME P/D
JONES, JR., D.D.
13 STREET ADDRESS 100 SEA HORSE DR.
14 CITY-ST-ZIP WAUKEGAN, IL 60085

21 TITLE

22 NAME V
OLSON, C.J.
23 STREET ADDRESS 7TH & C STREETS
24 CITY-ST-ZIP CULVER, OR 97734

31 TITLE

32 NAME V
TIMMER, B.E.
33 STREET ADDRESS 2348 SHOP ROAD
34 CITY-ST-ZIP COLUMBIA, S.C. 29201

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME V/S/D
ROMANO, R.S.
53 STREET ADDRESS 100 SEA HORSE DR.
54 CITY-ST-ZIP WAUKEGAN, IL 60085

61 TITLE

62 NAME ASST. S/T/D
REPP, G.G.
63 STREET ADDRESS 100 SEA HORSE DR.
64 CITY-ST-ZIP WAUKEGAN, IL 60085

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

SIGNATURE:

[Signature]

4-21-98

(847) 489-7157

CR2E034 (10/97)