

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90128 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004599
 1. Corporation Name
OLD TOWN CANOE COMPANY

Principal Place of Business % OCEAN KAYAK PO BOX 5003 FERNDAL WA 98248-5003	Mailing Address % OCEAN KAYAK PO BOX 5003 FERNDAL WA 98248-5003
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DO NOT WRITE IN THIS SPACE

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	29
25	30

3. Date Incorporated or Qualified 09/02/1997	Applied For Not Applicable
4. FEI Number 01-0330025	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> DELETE
NAME	WHITAKER, RONALD C
STREET ADDRESS	1326 WILLOW RD.
CITY-ST-ZIP	STURTEVANT WI 53177
TITLE	CP <input type="checkbox"/> DELETE
NAME	SNYDER, TERRY A
STREET ADDRESS	1326 WILLOW RD.
CITY-ST-ZIP	STURTEVANT WI 53177
TITLE	DS <input type="checkbox"/> DELETE
NAME	SCHMIDT, CARL G
STREET ADDRESS	1326 WILLOW RD.
CITY-ST-ZIP	STURTEVANT WI 53177
TITLE	V <input type="checkbox"/> DELETE
NAME	BLASS, JOHN J
STREET ADDRESS	58 MIDDLE ST.
CITY-ST-ZIP	OLD TOWN ME 04468
TITLE	T <input type="checkbox"/> DELETE
NAME	DWYER, PAUL V
STREET ADDRESS	58 MIDDLE ST.
CITY-ST-ZIP	OLD TOWN ME 04468
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: Walter Harris **REQUIRE** Assistant Secretary 4/13/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

F97000004599
444770-90128-33

OLD TOWN CANOE COMPANY

STATE OF MAINE

1999 ANNUAL REPORT

OFFICERS & DIRECTORS

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
President	John J. Blass	58 Middle Street Old Town, Maine 04468
Vice President	Del McAlpine	58 Middle Street Old Town, Maine 04468
Secretary	Carl G. Schmidt	1326 Willow Road Sturtevant, WI 53177
Treasurer	Paul V. Dwyer	58 Middle Street Old Town, Maine 04468
Assistant Secretary	Wade T. Neuharth	1326 Willow Road Sturtevant, WI 53177
Directors:	Ronald C. Whitaker	1326 Willow Road Sturtevant, WI 53177
	John J. Blass	58 Middle Street Old Town, Maine 04468
	Carl G. Schmidt	1326 Willow Road Sturtevant, WI 53177