

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # **G08341**

(1)

1. Corporation Name

TREWORGY YACHTS, INC.



Principal Place of Business

**5658 N OCEANSHORE BLVD.
PALM COAST FL 32137**

Mailing Address

**5658 N OCEANSHORE BLVD.
PALM COAST FL 32137-2702**

3. Date Incorporated or Qualified

11/16/1982

3a. Date of Last Report

04/12/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2245348

Applied For

Not Applicable

21. State, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

**CONNELLY, IRWIN A.
302 1/2 WEST MOODY BLVD
BUNNELL FL 32010**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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 required for change of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME
12.2 STREET ADDRESS
12.3 CITY-ST-ZIP
12.4 TITLE
12.5 NAME
12.6 STREET ADDRESS
12.7 CITY-ST-ZIP
12.8 TITLE
12.9 NAME
12.10 STREET ADDRESS
12.11 CITY-ST-ZIP
12.12 TITLE
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY-ST-ZIP
12.16 TITLE
12.17 NAME
12.18 STREET ADDRESS
12.19 CITY-ST-ZIP
12.20 TITLE

**PD
TREWORGY, MARK
5658 N OCEANSHORE BLVD.
PALM COAST FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-ST-ZIP
13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-ST-ZIP
13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-ST-ZIP
13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I declare under penalty 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0023779

CR2E034 (9/96)