SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 28 PM 1:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **G51692** **(3)**

1. Corporation Name
CUTLER RIDGE BOAT REPAIR, INC.

Principal Place of Business	Mailing Address
% VANCE A. WHITE II 22515 SO DIXIE HWY. MIAMI FL 33170-4473	% VANCE A. WHITE II 22515 SO DIXIE HWY. MIAMI FL 33170-4473

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1983
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21 Moble
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 6265 SW 118 St
Suite, Apt. #, etc. 27
City & State 28 Miami FL
Zip 29 33156 Country 30 Dade

4. FEI Number: 59-2310447 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WHITE, VANCE A. II
22515 SO DIXIE HWY.
MIAMI FL

10. Name and Address of New Registered Agent

81 Name: Vance White
82 Street Address (P.O. Box Number is Not Acceptable): 6265 SW 118 ST
83
84 City: FL 85 Zip Code: 33156

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: Vance White (Signature of president or vice president of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, DELETIONS OR CHANGES	
TITLE	PTD	11 TITLE	Pres Vice Pres Treas Sec ☑ Change ☐ Addition
NAME	WHITE, VANCE II	12 NAME	Vance White
STREET ADDRESS	6265 SW 118 ST	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	VPS	21 TITLE	☐ Change ☐ Addition
NAME	WHITE, HOPE J	22 NAME	
STREET ADDRESS	~~6265 SW 118 ST~~	23 STREET ADDRESS	
CITY ST ZIP	~~MIAMI FL~~ No Longer apart of	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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

SIGNATURE: Vance White 11/22/95 6675594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060704 CP