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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

H39690

(3)

DOCUMENT # 1. Corporation Name

MAVERICK BOAT COMPANY, INC.

Address	

Principal Place of Business Mailing Address # TROY M. DEAL. III # TROY M. DEAL. III 3054 INDUSTRIAL 31ST STREET 3054 INDUSTRIAL 31ST STREET FT. PIERCE FL 34946 FT. PIERCE FL 34946			3. Date Incorporated or Qualified 3a. Date of Last Report					
FI. FIERVE FL	L 4707V	T. FILITOL II	10 10		3. Date Incorporated or Qualified 01/25/1985	1 .	/19/199	95
2. Principal Plac	ce of Business	2a. Mailing Addr	ess		4. FEI Number 59-2481128			Applied For Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #	, etc.		5. Certificate of Status Desired			Additional Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		Added	May Be d to Fees
Zip	Country 25	Zip 29	Сои 30	intry) Honor Carrottes	☐ No		199.032,
<u> </u>	g, Name and Address of Current	t Registered Agent			10. Name and Address of New F	legistered A	gent	
				81 Name				
DEAL, TR	ROY M. III			82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
	ST CENTRAL BOULEVARD							
	O FL 32802			83				
				84 City		F-1	85 Zi	p Code
				<u> </u>	oration submits this statement for the pu	FL.	nging its:	registered office
or registere familiar with	ed agent, or both, in the State of Fforid h, and accept the obligations of, Section	da, Such change was on 607.0505, Florida	s authorized by the o statutes.	corporation's box	ard or directors. Thereby accept the app		registered	agent. I am
	Signature, typed or printed name of registured agent a			d Agent signature requir		DATE FICERS AND	DIRECTO	DRS IN 12
12.	OFFICERS AND	DIRECTORS	13.		od when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12
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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytin e Phone #

Date