

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H72607 (5)

1. Corporation Name

ASHCRAFT BOAT COMPANY, INC.



Principal Place of Business

C/O AL B. CORY
11056 ORANGE CART WAY STE B
JACKSONVILLE FL 32223

Mailing Address

C/O AL B. CORY
11056 ORANGE CART WAY STE B
JACKSONVILLE FL 32223

3. Date Incorporated or Qualified
08/22/1985

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

21 5800 BEACH BLVD

2a. Mailing Address

26 5800 BEACH BLVD

4. FEI Number

59-2578003

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

Suite, Apt. #, etc.

22 203-104

Suite, Apt. #, etc.

27 203-104

City & State

23 JACKSONVILLE FL

City & State

28 JACKSONVILLE FL

Zip

24 32207

Country

25 DUVAL

Zip

29 32207

Country

30 DUVAL

9. Name and Address of Current Registered Agent

CORY, AL B.
11056 ORANGE CARL WAY
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name

RONALD R. GINDLESERGER

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

5800 BEACH BLVD

83

STE. 203-104

84 City

JACKSONVILLE

FL

85 Zip Code

32207

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

Ronald R. Gindleserger

(NOTE: Registered Agent signature required when reinstating)

3/1/96

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME CORY, AL B.
STREET ADDRESS 11056 ORANGE CARL WAY
CITY-ST-ZIP JACKSONVILLE FL

TITLE DS ☒ DELETE

NAME CORY, MARILEE
STREET ADDRESS 11056 ORANGE CART WAY
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME RONALD R. GINDLESERGER

1.3 STREET ADDRESS 5800 BEACH BLVD

1.4 CITY-ST-ZIP JAX, FL 32207

2.1 TITLE SEC/TREASURER ☒ Change ☐ Addition

2.2 NAME TONI GINDLESERGER

2.3 STREET ADDRESS 5800 BEACH BLVD

2.4 CITY-ST-ZIP JAX, FL 32207

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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: *Ronald R. Gindleserger, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

Date

904-733-1121

Daytime Phone #

CR2E034 (12/95)