SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $275 (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 25 AM 8:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **J20260** **(2)**

1. Corporation Name

BUD BOATS, INC.

Principal Place of Business	Mailing Address
ROUTE 2 BOX 531 MARATHON FL 33050 US	ROUTE 2 BOX 531 MARATHON FL 33050 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1986	3a. Date of Last Report: 06/20/1994
4. FEI Number: 59-2685737	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WARNER, RICHARD E.
2975 OVERSEAS HWY.
MARATHON FL 33050

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: LYNN I METCALFE 7-20-95
(Type or print name of registered agent and, if an officer, title) (Registered agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	METCALFE, LYNN IRWIN	12 NAME	
STREET ADDRESS	ROUTE 3, BOX 193-M	13 STREET ADDRESS	
CITY ST ZIP	BIG PINE KEY FL	14 CITY ST ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	HALLADAY, DONALD J.	22 NAME	
STREET ADDRESS	RT.1, BOX 518	23 STREET ADDRESS	
CITY ST ZIP	MARATHON FL	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	EIMER, CHARLES W	32 NAME	
STREET ADDRESS	P. O. BOX 140 N/A	33 STREET ADDRESS	
CITY ST ZIP	SUMMERLAND KEY FL	34 CITY ST ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	LANCASTER, WILLIAM T JR.	42 NAME	
STREET ADDRESS	P. O. BOX 500882 N/A	43 STREET ADDRESS	
CITY ST ZIP	MARATHON FL	44 CITY ST ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	DE BJARNSON, RALEIGH	52 NAME	
STREET ADDRESS	ROUTE 2 BOX 530 N/A	53 STREET ADDRESS	
CITY ST ZIP	MARATHON FL	54 CITY ST ZIP	
TITLE	ST	61 TITLE	ST ☒ Change ☐ Addition
NAME	DILLON, MICHELLE M	62 NAME	MICHELLE M. DILLON
STREET ADDRESS	~~P. O. BOX 2022 N/A~~	63 STREET ADDRESS	RT 1 BOX 531 (N/A)
CITY ST ZIP	~~ISLAMORADA FL~~	64 CITY ST ZIP	MARATHON FL 33050

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: LYNN I METCALFE 7-20-95 305 743 6316
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Daytime Phone #)

0140403 FP