

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 # J20260 (2)
1. Corporation Name
BUD BOATS, INC.



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

Mailing Address
ROUTE 2 BOX 531
MARATHON FL 33050
US

3. Date Incorporated or Qualified
06/18/1986

3a. Date of Last Report
07/25/1995

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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
85 Zip Code
FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	METCALFE, LYNN IRWIN	
STREET ADDRESS	ROUTE 3, BOX 193-M	
CITY - ST - ZIP	BIG PINE KEY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HALLADAY, DONALD J.	
STREET ADDRESS	RT.1, BOX 518	
CITY - ST - ZIP	MARATHON FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	EIMER, CHARLES W	
STREET ADDRESS	P. O. BOX 140 N/A	
CITY - ST - ZIP	SUMMERLAND KEY FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LANCASTER, WILLIAM T JR.	
STREET ADDRESS	P. O. BOX 500882 N/A	
CITY - ST - ZIP	MARATHON FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DE BJARNSON, RALEIGH	
STREET ADDRESS	ROUTE 2 BOX 530 N/A	
CITY - ST - ZIP	MARATHON FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DILLON, MICHELLE M	
STREET ADDRESS	P. O. BOX 2022 N/A	
CITY - ST - ZIP	ISLAMORADA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	METCALFE, LYNN IRWIN	
1.3 STREET ADDRESS	RT 2 BOX 531	
1.4 CITY - ST - ZIP	MARATHON FL 33050	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LANCE METCALFE	
3.3 STREET ADDRESS	29321 CYPRESS LANE	
3.4 CITY - ST - ZIP	BIG PINE KEY, FL 33043	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DILLON, MICHELLE M.	
6.3 STREET ADDRESS	RT 2 BOX 531	
6.4 CITY - ST - ZIP	MARATHON FL 33050	

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: Michelle M. Dillon MICHELLE M. DILLON 4-4-96 (305)743-6316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)