

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

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # J32506

(4)

1. Corporation Name

YACHT INTERIORS, INC.

000001517460

-06/20/95--01055--026

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business

1681 11TH STREET
 SARASOTA FL 34236
 US

Mailing Address

1681 11TH STREET
 SARASOTA FL 34236
 US

3. Date Incorporated or Qualified

09/10/1986

3a. Date of Last Report

05/12/1994

4. FEI Number

59-2834286

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

\$5.00 May Be
 Added to Fees

8. This corporation has liability for intangible tax under s. 195.025,
 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**BLACKWELDER, BEFKE D
 442 CLEVELAND DRIVE
 SARASOTA FL 33577**

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

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

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

**DP
 BLACKWELDER, BEFKE D
 442 CLEVELAND DRIVE
 SARASOTA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY ST ZIP

☐ Change ☐ Addition

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY ST ZIP

☐ Change ☐ Addition

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY ST ZIP

☐ Change ☐ Addition

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY ST ZIP

☐ Change ☐ Addition

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY ST ZIP

☐ Change ☐ Addition

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY ST ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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

Becke D. Blackwelder

6/6/95

941-365-3346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

(Typed Name)

CR2E034 (3/95)