

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J49884 (6)
1. Corporation Name
MORGAN BOATS, INC.

Principal Place of Business % JOHN C. MORGAN 3409 WESTVIEW DR NAPLES FL 33942-4042	Mailing Address % JOHN C. MORGAN 3409 WESTVIEW DR NAPLES FL 33942-4042
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 % NANCY MORGAN Suite, Apt. #, etc. 22 3409 Westview DR City & State 23 NAPLES, FL Zip 24 34104		2a. Mailing Address 26 % NANCY MORGAN Suite, Apt. #, etc. 27 3409 Westview DR City & State 28 NAPLES, FL Zip 29 34104		3. Date Incorporated or Qualified 12/31/1986	
				4. FEI Number 59-2821808	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MORGAN, RACHEL M 5954 GREEN BLVD NAPLES FL 34116		10. Name and Address of New Registered Agent 81 Name NANCY MORGAN 82 Street Address (P.O. Box Number is Not Acceptable) 5954 GREEN BLVD 83 84 City NAPLES FL 85 Zip Code 34116	
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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 Nancy Morgan NANCY MORGAN 4-2-98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, RACHEL M	1.2 NAME	
STREET ADDRESS	2675 BAYVIEW DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, JOHN C.	2.2 NAME	
STREET ADDRESS	2675 BAYVIEW DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, PAUL H	3.2 NAME	
STREET ADDRESS	5954 GREEN BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, NANCY L	4.2 NAME	
STREET ADDRESS	5954 GREEN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: Nancy Morgan NANCY MORGAN 4-2-98 263-2810

CR2E034 (10/97)