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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J50915 (4)

1. Corporation Name
KAY BOATS INC.

Principal Place of Business

% LINGO, JAMES. W.
HWY 81 SO.
PONCE DE LEON FL 32455
US

Mailing Address

% LINGO, JAMES. W.
P.O. BOX 128
PONCE DE LEON FL 32455
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1987

4. FEI Number

59-2754130

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Hwy 81 So.

Suite, Apt. #, etc.

22

City & State

23 Ponce De Leon, Fl.

Zip

24 32455

Country

25 U.S.A.

2a. Mailing Address

26 13801 Cornell Ave

Suite, Apt. #, etc.

27

City & State

28 Bayou La Batre, Al.

Zip

29 36509

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

LINGO, JAMES W
HWY 81 SO.
PONCE DE LEON FL 32455

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 the name of the

(NOTE: Registered Agent signature required when reinstating)

3-6-98

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LINGO, JAMES W
STREET ADDRESS HWY 81 SO., P.O. BOX 128
CITY-ST-ZIP PONCE DE LEON FL

☐ DELETE

TITLE VST
NAME LINGO, HELEN S
STREET ADDRESS HWY 81 SO., P.O. BOX 128
CITY-ST-ZIP PONCE DE LEON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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

[Signature]

3-6-98

234-824-9100

CP2E034 (10/97)