

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J71075 (2)

1. Corporation Name

FRIENDSHIP YACHTS, INC.



Principal Place of Business

Mailing Address

% LOWELL W. PAXSON
18401 US 19 N
CLEARWATER FL 34616

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18401 US 19 N
CLEARWATER FL 34616

3. Date Incorporated or Qualified 05/04/1987
3a. Date of Last Report 03/14/1995

2. Principal Place of Business

2a. Mailing Address

21 601 Clearwater Park Road

26 601 Clearwater Park Road

4. FEI Number 59-2800897
Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23 West Palm Beach, Florida

28 West Palm Beach, Florida

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33401

25 USA

29 33401

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAXSON, LOWELL W.
700 SPOTTIS WOODS LANE
CLEARWATER FL 34616

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
601 Clearwater Park Road
83
84 City West Palm Beach FL 85 Zip Code 33401

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE PD
NAME PAXSON, L.W.
STREET ADDRESS 700 SPOTTIS WOODS LANE
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE P/D
1.2 NAME Lowell W. Paxson
1.3 STREET ADDRESS 601 Clearwater Park Road
1.4 CITY-ST-ZIP West Palm Beach, Florida 33401

TITLE SD
NAME PAXSON, M.J.
STREET ADDRESS 700 SPOTTIS WOODS LANE
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE S/D
2.2 NAME Marla J. Paxson
2.3 STREET ADDRESS 601 Clearwater Park Road
2.4 CITY-ST-ZIP West Palm Beach, Florida 33401

TITLE D
NAME SHREFFLER, R.H.
STREET ADDRESS 1871 NORTHWOOD DR
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE D
3.2 NAME Robert H. Shreffler
3.3 STREET ADDRESS 14444 66th Street North
3.4 CITY-ST-ZIP Clearwater, Florida 34624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lowell W. Paxson, President, Director

(407) 659-4122

Daytime Phone

Daytime Phone

CR2E034 (12/95)