PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K54819

Country

TALON BOATS, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip

Mailing Address Principal Place of Business 2253 INDUSTRIAL BLVD. 2253 INDUSTRIAL BLVD SARASOTA FL 34234 SARASOTA FL 34234

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27

28

Zip

2a. Mailing Address

City & State

Suite, Apt. #, etc.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90088 024 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

□No

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

01/01/1989

65-0090136

4. FEI Number

4	25	29	30			Personal Property Tax	с.	☐//es	□No
1	9. Name and Address of Curre					10. Name and Address	of New Register	ed Agent	
		<u> </u>		81	Name				
armington, William S. 2253 industrial blvd					Street Addr	ess (P.O. Box Number is Not	(Acceptable)		
					01100171001				
SAF	RASOTA FL 34234			83					
				84	City			85 Zip	Code
				0-4	City		F		
office or	t to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such chang	je was authori	zed by i	the corporation	oration submits this statemer on's board of directors. I here	nt for the purpose by accept the ap	of changing its pointment as re	registered egistered
SIGNATURE									
	Signature, typed or printed name of registered as				t signature require	d when reinstating) ADDITIONS/CHANGES	DATE	AND DIRECTO	DDS IN 12
12.	·	ND DIRECTORS		13.		ADDITIONS/CHANGES	5 TO OFFICERS	☐ Change	Addition
TITLE	PTSD	□ D€		.1 TITLE					
NAME	ARMINGTON, WILLIAM S.			.2 NAMÉ					
STREET ADDRESS			1.	3 STREET	ADDRESS				
ÇITY-ST-ZIP	SARASOTA FL	——————————————————————————————————————		4 CITY-ST	-ZIP			☐ Change	☐ Addition
TITLE	V	□ DE	I -	,1 TITLE				☐ Change	[_] Addiooi
NAME	ARMINGTON, GARY S.		2	.2 NAME					
STREET ADDRESS			2	3 STREET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL	<u>.</u>		4 CITY-S	T-ZIP				☐ Addition
TITLE	}	□ DE	LETE 3	A TITLE				☐ Change	Addition
NAME	.7.		3	2 NAME					
STREET ADDRESS	s ´'.		3	.3 STREET	ADDRESS				
CITY-ST-ZIP				4. CITY-S	T-ZIP				
TITLE		□ DE	LETE 4	.1 TITLE				Change	Addition
NAME			4	. 2 NAME					
STREET ADDRESS	s		4	.3 STREET	ADDRESS				
CITY-ST-ZIP			4	4 CITY-ST	r-zip				
TITLE		□ DE	LETE 5	.1 TITLE				Change	☐ Addition
NAME			5	2 NAME					
STREET ADDRESS	s		5	.3 STREET	ADDRESS				
CITY-ST-ZIP			5	.4 CITY-ST	r-ZIP				
TITLE		□ DE	LETE 6	.1 TITLE				Change	Addition
NAME .			6	.2 NAME					
STREET ADDRESS	s		6	.3 STREET	ADDRESS				
CITY-ST-ZIP	, ,		6	4 CITY-ST	r-ZIP				
14 I hereby	certify that the information supplied of this annual report or supplement	with this filing does not a	uslify for the	evemnti	on stated in	Section 119 07/3\(ii) Florida S	Statutes I further	certify that the	information

Country

(941) 355-0710