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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

L13365

(6)

SUPERIOR MOTORCYCLE AND MARINE, INC.

FILED Apr 07 1998 8:00am Secretary of State

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| | <u> </u> | | | | |
|---|---|--|---|---|--|
| Principal Place of Business Mailing Address | | | | 1 100(101) 401 11040 (1100 11110 Stift Styl 415(1 Stift Styl) Stoll Stoll Stoll Stoll | |
| C/O ROBERT | | C/O ROBERT JAY MILLER | | | |
| 9716 STATE ROAD 52 HUDSON FL 34669-3003 | | 9716 STATE ROAD 52 HUDSON FL 34669-3003 | | DO NOT WRITE IN THIS SPACE | |
| 11000001111 | 70053000 | 100301111 04000-3003 | | 3. Date Incorporated or Qualified | |
| | | | | 09/05/1989 | |
| 2. Principal Pr | ace of Business | 2a. Mailing Address | | 4. FEI Number Applied For | |
| 21 | | 26 | | NOT APPLICABLE Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | | 5 Cartificate of Status Desired Status Resired Status Resired | |
| 22 | | 27 | | Fee Required | |
| City & State | 9 | City & State | | 6. Election Campaign Financing \$5.00 May Be | |
| Zip | Country | [28] Zip | Country | Trust Fund Contribution | |
| 24 | 25 | 29 30 | ¬ ' | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| [24] | 9, Name and Address of Current | · | <u>, </u> | 10. Name and Address of New Registered Agent | |
| MII | LER, ROBERT JAY | The second secon | 81 Name | | |
| | 6 STATE ROAD 52 | | 82 Stree | Addrson (B.O. Box Number in Net Assentable) | |
| | DSON FL 34667 | | 52 Stree | 1 Address (P.O. Box Number is Not Acceptable) | |
| | 500.11 (2 0 100. | | 83 | | |
| | | | B4 City | lac 7in Code | |
| | | | 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 preted name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PO | ☐ DELETE | 1,1 TITLE | PD | |
| NAME | MILLER, ROBERT JAY | | 1.2 NAME | Miller, Rebert Jay 14154 Herden St | |
| STREET ADDRESS | 13118 TYRONE ST | | 1.3 STREET ADDRESS | 14124 Heraen 2.4 | |
| CITY-ST-ZIP | HUDSON FL | | 1.4 CITY - ST - ZIP | Spring Hill, F1 34609 | |
| TITLE | STD | ☐ DELETE | 21 TITLE | Change Addition | |
| NAME | ROGERS, DAVID E. SR. | | 2 2 NAME | | |
| STREET ADDRESS | 6927 BRAMBLEWOOD DRIVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PORT RICHEY FL | Dorutte | 2 4 CITY-ST-ZIP | Change I Addition | |
| TITLE | | [_] DELETE | 3.1 1ITLE | Change Addition | |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | Change Addition | |
| NAME | | princis | 4. 2 NAME | _ stange _ ytouron | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | ☐ Change ☐ Addition | |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | Change Addition | |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 6.4 CITY - ST - ZIP | | |
| | sortify that the information empland will | this filing done not qualify for t | | ted in Section 119 07/3)(i) Florida Statutes I further certify that the information | |

Indicated on this annual report or supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 trusted 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 attachypent with an address.

SIGNATURE: