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Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M88020 (6)

1. Corporation Name
MASTERCRAFT BUILDERS USA, INCORPORATED

Principal Place of Business
5836 RICHARD STREET
JACKSONVILLE FL 32216
US

Mailing Address
5836 RICHARD STREET
JACKSONVILLE FL 32216-5925
US



3. Date Incorporated or Qualified 06/30/1988
3a. Date of Last Report 03/12/1996

4. FEI Number 59-2897232
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VINING, STEPHEN
5836 RICHARD STREET
JACKSONVILLE FL 32216

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 607.1506, 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, type, or print name of registered agent or officer if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME VINING, STEPHEN
STREET ADDRESS 5836 RICHARD STREET
CITY-ST-ZIP JACKSONVILLE FL 32216

1.1 TITLE VP
1.2 NAME DERESINSKI JAMES E
1.3 STREET ADDRESS 8768 CHAMBERS DRIVE
1.4 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE VP
NAME COLEMAN, RAWSON
STREET ADDRESS 5724 TAMARACK DR
CITY-ST-ZIP ORLANDO FL

2.1 TITLE S
2.2 NAME VINING DEBRA
2.3 STREET ADDRESS 4171 ALHAMBRA DRIVE W
2.4 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE VP
NAME FREE, JAMES L
STREET ADDRESS 9089 LIGHTNER LANE
CITY-ST-ZIP JACKSONVILLE FL 32257

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S
NAME COURSON, TANYA
STREET ADDRESS 12763 ATTRILL ROAD
CITY-ST-ZIP JACKSONVILLE FL 32258

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

TITLE T
NAME VINING, STEPHEN
STREET ADDRESS 4171 ALHAMBRA DRIVE W
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen VINING

1/10/97 904448-1166

Date Daytime Phone #

CR2E034 (9/96)