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Mar 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M88020

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1988

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

VINING, STEPHEN
5836 RICHARD STREET
JACKSONVILLE FL 32216

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 title 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINING, STEPHEN	1.2 NAME	
STREET ADDRESS	5836 RICHARD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, RAWSON	2.2 NAME	COLEMAN, RAWSON
STREET ADDRESS	5724 TAMARACK DR	2.3 STREET ADDRESS	13094 HAMMOCK OAKS DRIVE
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREE, JAMES L	3.2 NAME	FREE, JAMES L.
STREET ADDRESS	9989 LIGHTNER LANE	3.3 STREET ADDRESS	715 EQUEST BLUFF LN.
CITY-ST-ZIP	JACKSONVILLE FL 32257	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERESINSKI, JAMES E	4.2 NAME	
STREET ADDRESS	8768 CHAMBORE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINING, STEPHEN	5.2 NAME	VINING, STEPHEN
STREET ADDRESS	4171 ALHAMBRA DRIVE W	5.3 STREET ADDRESS	4248 SAN JOSE BLVD.
CITY-ST-ZIP	JACKSONVILLE FL 32207	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINING, DEBRA	6.2 NAME	VINING, DEBRA
STREET ADDRESS	4171 ALHAMBRA DRIVE WEST	6.3 STREET ADDRESS	4248 SAN JOSE BLVD.
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	JACKSONVILLE FL 32207

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99

Date

904-488-1166

Daytime Phone #

CR2E034 (11/98)