

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

FILED

May 13 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 # P24512 (6)

1. Corporation Name

GREAT LAKES BOAT TOP CO., INC.

Principal Place of Business

15 QUALITY CIRCLE  
VONORE TN 37885

Mailing Address

15 QUALITY CIRCLE  
VONORE TN 37885-2128

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

PARKS, KEVIN K.  
79097 HAMMOCK LAKES DR  
MELBOURNE FL 32940

3. Date Incorporated or Qualified

05/26/1989

3a. Date of Last Report

03/18/1996

4. FEI Number

38-1707865

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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARKS, KENNETH	
STREET ADDRESS	15 QUALITY CIRCLE	
CITY- ST- ZIP	VONORE TN 37885	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PARKS, GERALDINE	
STREET ADDRESS	15 QUALITY CIRCLE	
CITY- ST- ZIP	VONORE TN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILSON, VICTORIA J.	
STREET ADDRESS	15 QUALITY CIRCLE	
CITY- ST- ZIP	VONORE TN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARKS-RUDBERG, NANETTE	
STREET ADDRESS	15 QUALITY CIRCLE	
CITY- ST- ZIP	VONORE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUDBERG, WILLIAM	
STREET ADDRESS	15 QUALITY CIRCLE	
CITY- ST- ZIP	VONORE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKS, KEVIN K.	
STREET ADDRESS	880 DIPLOMAT BLVD., APT 5	
CITY- ST- ZIP	COCOA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, or on an attachment with an address.

SIGNATURE:

*Vicki Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Vicki Wilson*

Date

Daytime Phone #

(423)884-6761

0477723

CR2E034 (9/96)