

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90046 031 ***150.00

0549402

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P24512

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1989

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

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

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

☐ DELETE

**TITLE PD
NAME PARKS, KENNETH
STREET ADDRESS 15 QUALITY CIRCLE
CITY-ST-ZIP VONORE TN 37885**

**TITLE SD
NAME PARKS, GERALDINE
STREET ADDRESS 15 QUALITY CIRCLE
CITY-ST-ZIP VONORE TN**

**TITLE VD
NAME WILSON, VICTORIA J.
STREET ADDRESS 15 QUALITY CIRCLE
CITY-ST-ZIP VONORE TN**

**TITLE VD
NAME PARKS-RUDBERG, NANETTE
STREET ADDRESS 15 QUALITY CIRCLE
CITY-ST-ZIP VONORE TN**

**TITLE D
NAME RUDBERG, WILLIAM
STREET ADDRESS 15 QUALITY CIRCLE
CITY-ST-ZIP VONORE TN**

**TITLE D
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

☐ Change

☒ Addition

**1.1 TITLE D
1.2 NAME JAMES A. WILSON II
1.3 STREET ADDRESS 15 QUALITY CIRCLE
1.4 CITY-ST-ZIP VONORE, TENNESSEE 37885**

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

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

**4.1 TITLE SD
4.2 NAME PARKS-RUDBERG, NANETTE
4.3 STREET ADDRESS 15 QUALITY CIRCLE
4.4 CITY-ST-ZIP VONORE, TENNESSEE 37885**

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

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

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:

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

2/5/99
Date

423-884-6761
Daytime Phone #

CR2E034 (1/98)