

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P92000008194 (2)**
 1. Corporation Name

ADVANCED BOAT PRODUCTS INC.



Principal Place of Business: **43 SUNSET COURT KEY LARGO FL 33037**
 Mailing Address: **43 SUNSET COURT KEY LARGO FL 33037**

3. Date Incorporated or Qualified: **11/25/1992**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **65-0424900**
 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: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**TAYLOR, JERRY
 43 SUNSET COURT
 KEY LARGO FL 33037**

10. Name and Address of New Registered Agent

81 Name: ~~Jim Sickmeyer~~ **Leave it The way it is!**
 82 Street Address (P.O. Box Number is Not Acceptable): ~~15800 Highway 4~~
 83 ~~Campbell Hill~~ **16 Illinois**
 84 City: ~~IL~~ **IL**
 85 Zip Code: ~~62916~~ **62916**

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: *Jerry Taylor*

Jerry Taylor

7/13/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | SICKMEYER, JIM | |
| STREET ADDRESS | RT. 1, BOX 107 | |
| CITY-ST-ZIP | CAMPBELL HILL IL 62916 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | SICKMEYER, REBECCA | |
| STREET ADDRESS | RT. 1, BOX 107 | |
| CITY-ST-ZIP | CAMPBELL HILL IL 62916 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | TAYLOR, JERRY | |
| STREET ADDRESS | 43 SUNSET CT | |
| CITY-ST-ZIP | KEY LARGO FL 33037 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | TAYLOR, JERRY | |
| STREET ADDRESS | 43 SUNSET CT | |
| CITY-ST-ZIP | KEY LARGO FL 33037 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 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 | |

500001927885
-08/21/96--01016--011
*****225.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jerry Taylor*

Jerry Taylor

6/10/96

8/20/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Day: Month: Year: Phone #:

CR2E034 (3/96)