SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 14 AM 9:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000009115 (5)**

1. Corporation Name
BENCHMARK BOATS, INC.

Principal Place of Business	Mailing Address
5215 SE WILLIAMS WAY STUART FL 34997	5215 SE WILLIAMS WAY STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1993	3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0390040	☐ 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
7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2934 S.E. Monroe Street	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Stuart Florida	City & State 28
Zip 24 34997 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOIR, KIMBERLY M 5215 SE WILLIAMS WAY STUART FL 34997	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: Kimberly M Moir, president DATE: 6/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	MOIR, KIMBERLY M	12 NAME		
STREET ADDRESS	5215 SE WILLIAMS WAY	13 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MOIR, JAMES B	22 NAME		
STREET ADDRESS	5215 SE WILLIAMS WAY	23 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	MARLEY, DAVID A	32 NAME		
STREET ADDRESS	7940 S.W. 172ND TERR.	33 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Kimberly M Moir Kimberly M. Moir 7/11/95 (407) 283-2534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0180204 CP