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**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90012 023 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000019320

1. Corporation Name  
 AVALON BOATS, INC.



Principal Place of Business Mailing Address  
 4382 HWY 90 4382 HWY 90  
 MILTON FL 32571 MILTON FL 32571

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 03/10/1993

4. FEI Number Applied For  
 59-3198670 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEUCHTMAN, GARY B  
 2944 AVALON BLVD  
 MILTON FL 32501

81 Name W.R. Odom  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 4382 HWY. 90  
 83  
 84 City PACE FL 85 Zip Code 32571

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-6-99  
 DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME ODOM, RAY

STREET ADDRESS 4382 HWY 90

CITY-ST-ZIP PACE FL 32571

TITLE  DELETE

NAME ODOM, KENNETH

STREET ADDRESS 4382 HWY 90

CITY-ST-ZIP PACE FL 32571

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE SECRETARY/TREASURER  Change  Addition

3.2 NAME BETH A. CROWELL

3.3 STREET ADDRESS 3858 AVALON BLVD.

3.4 CITY-ST-ZIP MILTON, FL. 32583

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99  
 Date

850 994-8585  
 Daytime Phone #

CR2E034 (11/98)