

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000020691 (0)

1. Corporation Name

BLUE WATER BOAT SALES AND SERVICE, INC.



Principal Place of Business

Mailing Address

JOHN C. WEAVER
1125 MARINE WAY APT. J3L
NORTH PALM BEACH FL 33408
US

[REDACTED]
[REDACTED]

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 1125 MARINE WAY E.
22 City & State 27 J3L
23 Zip 28 N. Palm Beach, FL
24 33408 29 P.B. 30

3. Date Incorporated or Qualified

03/15/1993

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0401871

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEAVER, JOHN C
61 DUNBAR ROAD
PALM BEACH GARDENS FL 33418
1125 MARINE WAY
APT. J3L
N. Palm Beach, FL
33408

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 then if applicable:

(If both: Registered Agent Signature required when re-appointing)

DATE:

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|--------------------|-------------------------|---------------------|--------------------------|
| PS | WEAVER, JOHN C JR. | 1125 MARINE WAY APT J3L | NORTH PALM BEACH FL | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY-ST-ZIP | Change | Addition |
|----------|---------|-------------------|----------------|--------------------------|--------------------------|
| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John C. Weaver Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

407-626-1576

Date:

Daytime Phone #

CR2E034 (12/95)