

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90014 030 ***550.00

DOCUMENT # **P93000054157**

1. Corporation Name

SPECTRE POWERBOATS, INC.



Principal Place of Business

**4980 110TH AV N
CLEARWATER FL 34620**

Mailing Address

**4980 110TH AV N
CLEARWATER FL 34620**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1993

4. FEI Number

59-3197907

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.

☒ Yes ☐ No

2. Principal Place of Business

4980-110th Ave N

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33760

Country

USA

2a. Mailing Address

4980-110th Ave N

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33760

Country

USA

9. Name and Address of Current Registered Agent

**PILINI, JAY D
4980 110TH AV N
CLEARWATER FL 34620**

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

1. 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

11. OFFICERS AND DIRECTORS

11.1 NAME ☐ DELETE
PILINI, JAY D
11.2 STREET ADDRESS
16122 - 6TH ST., E.
11.3 CITY-ST-ZIP
REDINGTON BCH. FL

11.4 NAME ☐ DELETE
11.5 STREET ADDRESS
11.6 CITY-ST-ZIP

11.7 NAME ☐ DELETE
11.8 STREET ADDRESS
11.9 CITY-ST-ZIP

11.10 NAME ☐ DELETE
11.11 STREET ADDRESS
11.12 CITY-ST-ZIP

11.13 NAME ☐ DELETE
11.14 STREET ADDRESS
11.15 CITY-ST-ZIP

11.16 NAME ☐ DELETE
11.17 STREET ADDRESS
11.18 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE ☐ Change ☐ Addition
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY-ST-ZIP

12.5 TITLE ☐ Change ☐ Addition
12.6 NAME
12.7 STREET ADDRESS
12.8 CITY-ST-ZIP

12.9 TITLE ☐ Change ☐ Addition
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY-ST-ZIP

12.13 TITLE ☐ Change ☐ Addition
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY-ST-ZIP

12.17 TITLE ☐ Change ☐ Addition
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY-ST-ZIP

12.21 TITLE ☐ Change ☐ Addition
12.22 NAME
12.23 STREET ADDRESS
12.24 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99

Date

(727) 573-2213

Daytime Phone #

CR2E034 (5/99)

0092242