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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300068502 (2)

RICHEY BOAT AND MOTOR, INC.

| Principal Place of Business Mailing Address            |   |   |                               |  | 1 1281(20) 116 1616 11(1) 58111 40(1) 98111 40110 4111 4111 4111 4111 4111  |                                   |   |  |
|--|---|---|-------------------------------|--|---|-----------------------------------|---|--|
| 800 EBBTIDE L  |   | 4900 EBBTIDE LANE<br>PORT RICHEY FL 34668-64  | <b>410</b>                    | í                                      |   |                                   |   |  |
| ONI MONET I  | - 9400  | , 0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,  |                               |  | 3. Date Incorporated or Qualified 09/23/1993  | 3a. Date o                        |   |  |
| . Principal Pl   | ace of Business   | 2a. Mailing Address   |                               |  | 4. FEI Number   |                                   | Applied For                                 |  |
| ·  |   | 26  |                               |  | 59-3209127  | <del></del>                       | Not Applicable  8.75 Additional             |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.                |   | Suite, Apt. #, etc.   |                               |  | 5. Certificate of Status Desired  |                                   | Fee Required                                |  |
| City & State City & State                              |   |   |                               |  | 6. Election Campaign Financing  |                                   | <b>\$5.00</b> May Be                        |  |
| !<br>!   |   | 28  | <del></del>                   |  | Trust Fund Contribution   |                                   | Added to Fees                               |  |
| Zip  | Country   | Zip   | Country                       |  | This corporation has liability for Florida Statutes   | r intangible tax                  |   |  |
| : <u> </u>   | 9. Name and Address of Curre  | 29 Agent  | 30                            |  | 10. Name and Address of New F   |                                   |   |  |
|  |   | III Registered Agoin  |                               | Name                                   |   |                                   |   |  |
| OJEDA, RICHARD<br>9920 SAN METEO WAY                   |   |   |                               | 32 Street                              | Address (P.O. Box Number is Not Acceptable)   |                                   |   |  |
| PORT RICHEY FL 34668                                   |   |   |                               |  | Address (1.0. Box Hamber is Her Heoph   |                                   |   |  |
|  |   |   |                               | 33                                     |   |                                   |   |  |
|  |   |   |                               | B4 City                                |   | FL Ì                              | Zip Code                                    |  |
| office or ragent. I a                                  | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig  | ent Florida, Such change was  | aumonzea                      | DV the CO!                             | d corporation submits this statement for the poration's board of directors. I hereby acc  | purpose of che<br>ept the appoint | anging its registered<br>ment as registered |  |
| SIGNATURE  | Signature, typed or printed name of registered ag   | ent and title if applicable. (NO  | TE: Registered                | Agent signaturi                        | e required when reinstating)  | DATE                              |   |  |
| 12.  | OFFICERS AN   | ID DIRECTORS  | 13.                           |  | ADDITIONS/CHANGES TO OFF  |                                   | Change Addition                             |  |
| TITLE  | D   | DELETE  | 1.1 11(1)                     |  | }   |                                   | Citalige                                    |  |
| NAME   | OJEDA, RICHARD  |   | 1.2 NA                        |  |   |                                   |   |  |
| Street address   | 9920 SAN MATEO WAY  |   |                               | EET ADDRESS                            |   |                                   |   |  |
| CITY-ST-ZIP  | PORT RICHEY FL 34668  | DELETE  | 2,1 110                       | Y-ST-ZIP                               | 1   |                                   | Change                                      |  |
| TITLE I<br>NAME  | OJEDA, NANCY E  |   | 2.2 NA                        |  |   | •                                 |   |  |
| STREET ADDRESS   | 9920 SAN MATEO WAY  |   | 2.3 STF                       | REET ADORESS                           |   |                                   |   |  |
| CITY-ST-ZIP  | PORT RICHEY FL 34668  |   | 2. 4 Ci                       | ry-ST-ZIP                              |   |                                   |   |  |
| TITLE  |   | DELETE  | 3,1 70                        | LE                                     |   | . [                               | Change Addition                             |  |
| NAME   |   |   | 3.2 NA                        | ME                                     |   | 21                                |   |  |
| STREET ADDRESS   |   |   | 3 3 ST                        | reet address                           |   | • •                               |   |  |
| CITY-ST-ZIP  | <u>                                     </u>  |   |                               | ry-ST-ZIP                              | <del></del>   | <del></del>                       | Change                                      |  |
| TITLE  | }   | ☐ DELETE  | 4,1 TiT                       |  |   |                                   | I custings                                  |  |
| NAME   |   |   | 4.214                         |  |   |                                   | _   |  |
| STREET ADDRESS   | ·   |   |                               | reet adoress<br>Y-ST-ZIP               |   |                                   |   |  |
| CITY-ST-ZIP<br>TITLE                                   |   | DELETE  | 5.1 TIT                       |  |   |                                   | Change Addition                             |  |
| NAME   |   | _   | 5.2 NA                        |  |   |                                   |   |  |
| STREET ADDRESS   |   |   |                               | REET ADDRESS                           |   | ÷                                 |   |  |
| CITY-ST-ZIP  |   |   | 5 <u>4 C</u> 11               | Y-87-ZIP                               | <u> </u>  |                                   |   |  |
| TITLE  |   | DELETE  | 6.1 TIT                       | LE                                     |   |                                   | Change Addition                             |  |
| NAME   | _   |   | 6.2 NA                        | ME                                     |   |                                   |   |  |
| STREET ADDRESS   |   |   | 6.3 ST                        | reet address                           |   |                                   |   |  |
| CITY-ST-ZIP  | <u>                                      </u>   |   | 6.4 Cit                       | Y-ST-ZIP                               | 100 000 000 000 000 000 000 000 000 000   | dan 16 mil                        | ortify that the                             |  |
| 14. I do here<br>information<br>I am an o<br>appears i | by certify that the information supplied in indicated on this annual report or officer or director of the corporation of in Block 12 or Block 13 if changed | ed with this filing does not qual<br>supplemental annual report is<br>by the receiver of trustee empty<br>or on an attachment with an ac- | true and a wered to e ddress. | exemption<br>ccurate an<br>xecute this | stated in Section 119.07(3)(i), Florida Statud that my signature shall have the same learned that as required by Chapter 607, Florida | gal effect as if<br>Statutes; and | made under oath; the that my name           |  |

REQUIRED

FILED May 05, 1997 8:00 am Secretary of State

813 847-6869