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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000086309 (0)

ANDY'S FIBERGLASS BOAT REPAIR, INC.

FILED
May 21 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address 12001 U.S. 41 SOUTH 12001 U.S. 41 SOUTH GIBSONTON FL 83534 GIBSONTON FL 33534 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/17/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-32 1567 1 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Ζiρ Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HRIVNAK, KAREN E 12001 U.S. 41ST SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) GIBSONTON FL 33534 83 84 City 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 title it applicable (NOTE: Registered Agent signature required when reinstating) 22E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1.1 TITLE HRIVNAK, ANDREW J NAME 1.2 NAME 6115 ADAMS ST STREET ADDRESS 1.3 STREET ADDRESS **GIBSONTON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE MESSER, TERESA NAME 2.2 NAME 1027 PINEAPPLE AVENUE, N.E. STREET ADDRESS 2.3 STREET ADDRESS PALM BAY FL CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE Change ___ Addition HRIVNAK, KAREN E NAME 3.2 NAME 6115 ADAMS ST. STREET ADDRESS 3 3 STREET ADDRESS GIBSONTON FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP □ DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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.

Var. Ell

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