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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P94000018767 (1)**

1. Corporation Name

K.B. WATER SPORTS, INC.

Principal Place of Business	Mailing Address
8460 GULF BLVD. SUITE 201 NAVARRE BEACH FL 32566	8460 GULF BLVD. SUITE 201 NAVARRE BEACH FL 32566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22 1486 ARKANSAS	Suite, Apt. #, etc.: 27 1486 ARKANSAS
City & State: 23 NAVARRE BEACH FL	City & State: 28 NAVARRE BEACH, FL
Zip: 24 32566 Country: 25 SANTA ROSA	Zip: 29 32566 Country: 30 SANTA ROSA

4. FEI Number: 59-3234741 ☐ 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
HALL, ROBERT L III 8460 GULF BLVD. SUITE 201 NAVARRE BEACH FL 32566	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1486 ARKANSAS 83 84 City: NAVARRE BEACH FL 85 Zip Code: 32566

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: _____ 3/05/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	PST	☒ Change ☐ Addition
NAME	HALL, ROBERT L III	1.2 NAME	HALL, ROBERT L. III	
STREET ADDRESS	8460 GULF BLVD., SUITE 201	1.3 STREET ADDRESS	1486 ARKANSAS	
CITY-ST-ZIP	NAVARRE BEACH FL 32566	1.4 CITY-ST-ZIP	NAVARRE BEACH, FL 32566	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	~~BRAMLETT, SARAH K~~	2.2 NAME	DELETE BRAMLETT, SARAH K	
STREET ADDRESS	~~8460 GULF BLVD., SUITE 201~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~NAVARRE BEACH FL 32566~~	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: _____ Robert L. Hall 3/05/95 904 939-6464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0301201 CP