

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90183 048 ***150.00

DOCUMENT # P94000037864

1. Corporation Name

TWIN VEE BOATS, INC.

Principal Place of Business

1053 SE HOLBROOK CT.
PORT ST. LUCIE FL 34952
US

Mailing Address

1053 SE HOLBROOK CT.
PORT ST. LUCIE FL 34952
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1994

4. FEI Number

65-0494054

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 Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 1666 SE Village Green

2a. Mailing Address

26 1666 SE Village Green

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Port St. Lucie, FL

City & State

28 Port St Lucie FL

Zip

24 34952

Country

25 St. Lucie

Zip

29 34952

Country

30 St Lucie

9. Name and Address of Current Registered Agent

COBB, ROBERT E
4530 NORTH FEDERAL HWY.
FORT LAUDERDALE FL 33308

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

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPVS
NAME DUNSHEE, ROGER W
STREET ADDRESS 1439 S. OCEAN BLVD., SUITE 112
CITY-ST-ZIP POMPANO BEACH FL 33062

☐ DELETE

TITLE T
NAME DUNSHEE, ROGER W
STREET ADDRESS 1439 S. OCEAN BLVD., SUITE 112
CITY-ST-ZIP POMPANO BEACH FL 33062

☐ DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPVS
1.2 NAME DUNSHEE, ROGER W
1.3 STREET ADDRESS 2389 SE SEAMIST ST
1.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34952

☒ Change

☐ Addition

2.1 TITLE T
2.2 NAME DUNSHEE, DONNA A.
2.3 STREET ADDRESS 2389 SE SEAMIST ST
2.4 CITY-ST-ZIP PORT ST LUCIE, FL 34952

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)