## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT



FLOHIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 SEP 20 AM 8: 28

DOCUMENT # P94000083542 (8)				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
•	W DRAFT BOATS, INC.	(-)			
Principal Place	of Business	Mailing Address		1 (52(155) 114 (511) 2 (611) 5 (11)	
4402 - 124TH STREET WEST CONTEZ FL 34215		P.O. BOX 430337 BIG PINE KEY FL 33043		3. Date Incorporated or Qualified	3a. Date of Last Report
				11/14/1994	09/15/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4 FETNumber	37-6138 Applied For
21		26		APPLIED FOR 3 7 23	Not Applicable  \$8.75 Additional
Suite, Apt. #	f, 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
23		28		Trust Fund Contribution	Added to Fees
Zıp	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199 032,  Yes No
24	25		30	Florida Statutes  10. Name and Address of New Re	
	9. Name and Address of Curren	n Hegistered Agent	81 Name		<u> </u>
	ITEHEAD, ROBERT BRENT		B2 Street Add	ress (P.O. Box Number is Not Accepta	ble)
	2 - 124TH STREET WEST		52 Siree: Add	ress (F.O. Box Number is Not Accepta	DIC)
, CUP	RTEZ FL 34215		83		
•			84 City		85 Zip Code
			1 1 1		FL " " " SOOO
office or re	valetored agent, or both, in the State.	-ot Flooda, Such change was au	imonzea dy me corporat	poration submits this statement for the paint's board of directors. I hereby accept	of the appointment as registered
office or re agent I ar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obliga- signal re-typed or protect remainding agents age	of Florida Such change was au ations of, Section 607.0505, Flor entand the Capplicable (NOT)	imonzea dy me corporat	ared when re-essains)  ADDITIONS/CHANGES TO O	DATE
office or re agent Lar SiGNATURE	egistered agent, or both, in the State in familiar with, and accept the obliga- signal re-typed or protect remainding agents age	of Florida, Such change was au ations of, Section 607,0505, Flor	intronzed by the corporation and Statutes.  Required Agnots gnature requirements.	and when recasting)  ADDITIONS/CHANGES TO O 1	DAIL OGERS AND DIRECTORS IN 13
office or reagent. Lar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obliga- signarize typed or profed remonsfrequenciage OFFICERS AN	of Floridal Such Change was all ations of, Section 607,0505, Florent and the Happicable (NOTE)  ID DIRECTORS	Registered Agent's gnature required.  13.	and when recasting)  ADDITIONS/CHANGES TO O 1	DAIL
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office or reagent I are SIGNATURE  12.  TITLE NAME STREET ADDRESS	egistered agent, or both, in the State in familiar with, and accept the obliga- Signal re-typed or printed forms of registered age OFFICERS AN  PSD WHITEHEAD, ROBERT M POST OFFICE BOX 430337 N BIG PINE KEY FL 33043 D	of Florida Such Change was at alrons of, Section 607.0505, Floring and the displicable (twols)  ID DIRECTORS  DELETE  N/A	Thorstend Agent's gnature required agent's gna	and when recasting)  ADDITIONS/CHANGES TO O 1	DAIL OGERS AND DIRECTORS IN 13:
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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 it 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 617, Florida Statutes, and that my name appears in Block 13 or Block 13 in changed, or on an attachment with an address

CIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytme Phone #