

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000010025 (1)

1. Corporation Name

COVE KAYAK CENTER, INC.



Principal Place of Business

5754 S.E. RIVERBOAT DRIVE
STUART FL 34997

Mailing Address

5754 S.E. RIVERBOAT DRIVE
STUART FL 34997

3. Date Incorporated or Qualified

02/02/1995

3a. Date of Last Report

02/07/95

2. Principal Place of Business

2a. Mailing Address

21 4595 S.E. Dixie Hwy

26 4595 S.E. Dixie Hwy

4. FEI Number

65-0563849

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 ☒

23 City & State
Stuart, FL

28 City & State
Stuart, FL

24 Zip Country
34997 Martin

29 Zip Country
34997 Martin

9. Name and Address of Current Registered Agent

DEHART, BERNADETTE
5754 S.E. RIVERBOAT DRIVE
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name Bernadette DeHart

82 Street Address (P.O. Box Number is Not Acceptable)
4595 S.E. Dixie Hwy

83

84 City Stuart

85 Zip Code
FL 34997

11. Pursuant to the provisions of Sections 607.0532 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

Bernadette DeHart

Bernadette DeHart

3-10-96

Signature typed or printed name of registered agent and the appointor.

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DEHART, BERNADETTE
STREET ADDRESS 5754 S.E. RIVERBOAT DRIVE
CITY- ST- ZIP STUART FL 34997

TITLE D
NAME RUSSELL, ROY
STREET ADDRESS 5754 S.E. RIVERBOAT DRIVE
CITY- ST- ZIP STUART FL 34997

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 4595 S.E. Dixie Hwy
1.4 CITY- ST- ZIP Stuart, FL 34997

2.1 TITLE
2.2 NAME Russell, RON
2.3 STREET ADDRESS 4595 S.E. Dixie Hwy
2.4 CITY- ST- ZIP Stuart, FL 34997

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 100001788211
4.4 CITY- ST- ZIP -04/22/96--01023--024
***200.00

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

Bernadette DeHart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-96

4072204079

Date

Deputy Secretary

CR2E034 (12/95)