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 # **P95000033201 (1)**

1. Corporation Name
BOAT-SOLVE, INC.

Principal Place of Business
6900 SOUTHPOINT DRIVE NORTH
SUITE 500
JACKSONVILLE FL 32216

Mailing Address
6900 SOUTHPOINT DRIVE NORTH
SUITE 500
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: 04/24/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 P.O. Box 551069
Suite, Apt. #, etc.
22
City & State
23 Jacksonville, FL
Zip 24 32255-1069 Country 25 USA

2a. Mailing Address
26 P.O. Box 551069
Suite, Apt. #, etc.
27
City & State
28 Jacksonville, FL
Zip 29 32255-1069 Country 30 USA

4. FEI Number: 59-3312960 — 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
BEALE, ALMER W II
6900 SOUTHPOINT DRIVE NORTH
SUITE 500
JACKSONVILLE FL 32216

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 (if not the Registered Agent) (NOTE: Registered Agent signature is required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BEALE, ALMER W II	
STREET ADDRESS	6900 SOUTHPOINT DRIVE NORTH, SUITE 500	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	☐ DELETE
NAME	COOPER, WILLIAM G	
STREET ADDRESS	PO BOX 1860 N/A	
CITY-ST-ZIP	JACKSONVILLE FL 32201-1860	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	☒ Change ☐ Addition
1.2 NAME	Beale, Almer W. II	
1.3 STREET ADDRESS	6900 Southpoint Drive N., Ste 500	
1.4 CITY-ST-ZIP	Jacksonville, FL 32216	
2.1 TITLE	D/S	☒ Change ☐ Addition
2.2 NAME	Cooper, William G.	
2.3 STREET ADDRESS	6900 Southpoint Drive N., Ste 500	
2.4 CITY-ST-ZIP	Jacksonville, FL 32216	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	000001763410	☐ Change ☐ Addition
4.2 NAME	-03/29/96--01108--029	
4.3 STREET ADDRESS	***200.00	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	029	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	M.M.	
6.3 STREET ADDRESS	3-18-96	
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: [signature] 4/31/96 904/296-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)