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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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	Mailing Address
PO BOX 551069 JACKSONVILLE FL 32255-1069	PO BOX 551069 JACKSONVILLE FL 32255-1069

3. Date Incorporated or Qualified: 04/24/1995
3a. Date of Last Report: 03/29/1996

2. Principal Place of Business
21 6900 Southpoint Dr. N
Suite, Apt. #, etc.
22 Suite 500
City & State
23 Jax, Fl
Zip 24 32216 Country 25 USA

2a. Mailing Address
26 P.O Box 551069
Suite, Apt. #, etc.
27
City & State
28 Jax Fl
Zip 29 32255 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP NAME BEALE, ALMER W II STREET ADDRESS 6900 SOUTHPOINT DRIVE NORTH, SUITE 500 CITY-ST-ZIP JACKSONVILLE FL 32216	☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DS NAME COOPER, WILLIAM G STREET ADDRESS PO BOX 1860 N/A CITY-ST-ZIP JACKSONVILLE FL 32201-1860	☐ DELETE	21 TITLE DS 22 NAME COOPER, WILLIAM G. 23 STREET ADDRESS P.O. Box 551069 NA 24 CITY-ST-ZIP Jacksonville, FL 32255-1069	☐ Change xx ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 report or supplemental 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: Almer W Beale 1/7/97 904-296-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #