

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 # P95000048570 (2)

1. Corporation Name

ATLANTIC WATERSPORTS, INC.



Principal Place of Business

3694 SANCTUARY WAY NORTH
JACKSONVILLE BEACH FL 32250

Mailing Address

3694 SANCTUARY WAY NORTH
JACKSONVILLE BEACH FL 32250

3. Date Incorporated or Qualified

06/19/1995

3a. Date of Last Report

2. Principal Place of Business

21 13846 Atlantic Blvd
Suite, Apt. #, etc.

2a. Mailing Address

26 3694 Sanctuary Way N.
Suite, Apt. #, etc.

4. FEI Number

57-3330942

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

City & State

23 Jacksonville FL

Zip

24 32225

Country

25 USA

City & State

28 Jacksonville Beach FL

Zip

29 32250

Country

30 USA

9. Name and Address of Current Registered Agent

BRANT, MOORE, SAPP MACDONALD & WELLS, P.A.
50 NORTH LAURA STREET
SUITE 3100
JACKSONVILLE FL 32202

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 607.0532 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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered

Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D SCOTT, DAVID K
STREET ADDRESS 3694 SANCTUARY WAY NORTH
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. NAME

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2. NAME

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. NAME

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. NAME

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. NAME

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. NAME

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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: David K. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 904-220-9283
Date Daytime Phone #

CR2E034 (12/95)