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FILED

May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000072207 (0)

1. Corporation Name  
BOAT N TROLL ELECTRONICS, INC.



Principal Place of Business  
521 ANCLOTE ROAD  
TARPON SPRINGS FL 34689

Mailing Address  
521 ANCLOTE ROAD  
TARPON SPRINGS FL 34689-8702

3. Date Incorporated or Qualified 09/18/1995  
3a. Date of Last Report 04/23/1996

2. Principal Place of Business 21 5133 BLUE HERON DR Suite, Apt. #, etc.	2a. Mailing Address 26 5133 BLUE HERON DR. Suite, Apt. #, etc.	4. FEI Number 59-3338701 Applied For Not Applicable
22 City & State 23 NEW PORT RICHEY, FL Zip 34652 Country PASCO	27 City & State 28 NEW PORT RICHEY, FL Zip 34652 Country PASCO	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

JOHNSON, LYNN M  
521 ANCLOTE ROAD  
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name JOHNSON, LYNN M  
82 Street Address (P.O. Box Number is Not Acceptable) 5133 BLUE HERON DRIVE  
83  
84 City NEW PORT RICHEY FL 85 Zip Code 34652

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

*Lynn Johnson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, THOMAS H	1.2 NAME	
STREET ADDRESS	<del>521 ANCLOTE ROAD</del>	1.3 STREET ADDRESS	5133 BLUE HERON DR
CITY - ST - ZIP	<del>TARPON SPRINGS FL 34689</del>	1.4 CITY - ST - ZIP	NEW PORT RICHEY FL 34652
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LYNN M	2.2 NAME	
STREET ADDRESS	521 ANCLOTE ROAD	2.3 STREET ADDRESS	5133 BLUE HERON DR
CITY - ST - ZIP	TARPON SPRINGS FL 34689	2.4 CITY - ST - ZIP	NEW PORT RICHEY FL 34652
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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:

*Lynn Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOHNSON 4/29/97 (813) 785-0919

CR2E034 (9/96)