

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 30 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000086485 (6)**  
1. Corporation Name  
**ACKLEY MARINE PRODUCTS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>5380 MCINTOSH POINT SUITE 116 SANFORD FL 32773 US</b>	Mailing Address <b>P O BOX 532094 ORLANDO FL 32853 US</b>
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3. Date Incorporated or Qualified <b>11/09/1995</b>
4. FEI Number <b>59-3325477</b>
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 <b>5360 McIntosh Point</b> Suite, Apt. #, etc. 22 <b>#116</b> City & State 23 <b>Sanford, FL</b> Zip 24 <b>32773</b>	2a. Mailing Address 26 <b>5360 McIntosh Point</b> Suite, Apt. #, etc. 27 <b>#116</b> City & State 28 <b>Sanford, FL</b> Zip 29 <b>32773</b>
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9. Name and Address of Current Registered Agent  
**ACKLEY, WILLIAM V  
2423 NORFOLK ROAD  
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *William V. Ackley* *William V. Ackley* **4-27-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D/P</b>	<input type="checkbox"/> DELETE
NAME	<b>ACKLEY, WILLIAM V</b>	
STREET ADDRESS	<b>2423 NORFOLK ROAD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCNAMARA, MICHAEL</b>	
STREET ADDRESS	<b>716 E. MICHIGAN #113</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ACKLEY, HELEN V.</b>	
STREET ADDRESS	<b>2423 NORFOLK ROAD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LUNDBERG, LARS B.</b>	
STREET ADDRESS	<b>6104 PALMA DEL MAR BLVD., #206</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33175</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RHODES, MARTHA</b>	
STREET ADDRESS	<b>777 HIDDEN CIR.</b>	
CITY-ST-ZIP	<b>CENTERVILLE OH 45458</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KAVANAGH, CYNDY</b>	
STREET ADDRESS	<b>865 'D' STREET NE</b>	
CITY-ST-ZIP	<b>SALEM OR</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 *William V. Ackley* *William V. Ackley* **4-27-98** **407-301-3004**

CR2E034 (10/97)