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

PROFIT CORPORATION ANNUAL REPORT

1997

NAMÉ

STREET ADDRESS

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CHTY - ST- ZIP



ELORIDA DEPARTMENT DE STATE

FILED

Apr 21 1997 8:00am

Secretary of State

96/6)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000050939 (3)

GILLIGAN'S WAVERUNNER RENTALS. INC.

Principal Place of Business Mailing Address 3220 HIBISCUS DR W 3220 HIBISCUS DR W BELLEAIR BEACH FL 33786-3630 BELLEAIR BEACH FL 34634 3. Date incorporated or Qualified 3a. Date of Last Report 06/14/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3386783 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zφ Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name MCATEE, CAROL <u>Brian Hahn</u> 7973 THRID AVE SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) 3220 Hibiscus Drive West ST PETERSBURG FL 33707 63 84 34634 Belleair Beach 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 Stignature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. President Brian Hahn ☐ Change Addition DELETE 11 TITLE THUE 1.2 NAME NAME 3220 Hibiscus Drive West 1.3 STREET ADDRESS STREET ADDRESS Belleair Beach, FL 34634 CITY - ST - ZIF 14 CITY-ST-ZIP Secretary Addition DELETE Change 21 TITLE TITLE Catherine Hahn 2.2 NAME NAME 3220 Hibiscus Drive West STREET ADDRESS 2.3 STREET ADDRESS Belleair Beach, FL 34634 2. 4 CITY - ST-ZIP CHY-SI-ZIP DELETE Change ■ Addition THIE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-SI-ZIP 3.4. CITY-ST-ZIP DELETE ■ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP City-St-7iP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP City - ST- ZIP ■ Addition DELETE 6.1 TITLE Channe TELL

CATHERINE SIGNATURE: Catherine R Wark OU PRESTORS

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). Fiorida 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

64 CITY-ST-7IP

6.2 NAME 6.3 STREET ADDRESS