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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000057662 (4)

BOAT WORKS OF NORTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address 310 WEST BEACH DRIVE 310 WEST BEACH DRIVE PANAMA CITY FL 32401 PANAMA CITY FL 32401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/08/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 59-3390446 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation owes or has paid the current year Intangible X Yes ∏ Ño 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BUS', JAMES M 310 WEST BEACH DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32401 83 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 12 12. DELETE Addition Change TITLE 1.1 TITLE BUS', JAMES M NAME 1.2 NAME **422 LINDA AVENUE** STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY FL 32401 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ANDERSON, FRANKLIN L NAME 2.2 NAME **109 MARLIN CIRCLE** STREET ADDRESS 2.3 STREET ADDRESS PANAMA CITY FL 32411 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TOLE 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETÉ 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE

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 aron an attachment with an address.

6.4 CITY-ST-ZIP

5.2 NAME

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

DELETE

Change

Addition

FILED

Jan 23 1998 8:00am

Secretary of State