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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000063278 (1)**

1. Corporation Name
VERO BEACH BOAT DEPOT, INC.

Principal Place of Business	Mailing Address
709 WASHINGTON STREET SEBASTIAN FL 32958	709 WASHINGTON STREET SEBASTIAN FL 32958-4153

3. Date Incorporated or Qualified: 07/26/1996
3a. Date of Last Report:

2. Principal Place of Business
21 BOAT DEPOT
Suite, Apt. #, etc.
22 1580 U.S. 1
City & State
23 SEBASTIAN, FL
Zip 24 32958 Country 25 U.S.A

2a. Mailing Address
26 P.O. BOX 780327
Suite, Apt. #, etc.
27
City & State
28 SEBASTIAN FL.
Zip 29 Country 30

4. FEI Number: 65-0694340 ☐ 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

9. Name and Address of Current Registered Agent
GORE, GREGORY J
709 WASHINGTON STREET
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent
81 Name GORE, GREGORY J.
82 Street Address (P.O. Box Number is Not Acceptable) 709 WASHINGTON ST
83 SE
84 City SEBASTIAN FL 85 Zip Code 32958

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, JOSEPH	1.2 NAME	
STREET ADDRESS	2420 HAMPTON BRIDGE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, JOSEPH	2.2 NAME	
STREET ADDRESS	2420 HAMPTON BRIDGE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: _____ Treasurer 5/6/97 561 589-6452