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FILED

**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000006298 (8)

1. Corporation Name
SHIPWRIGHT YACHT SERVICE & WOODWRIGHT PRODUCTS, INC.



Principal Place of Business
**1020 PINE ISLAND ROAD
UNIT 208
CAPE CORAL FL 33909**

Mailing Address
**1020 PINE ISLAND ROAD
UNIT 208
CAPE CORAL FL 33909**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/21/1997

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Country

4. FEI Number
65-0736125

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**REEVES, EDMAN L
1020 PINE ISLAND ROAD
UNIT 208
CAPE CORAL FL 33909**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD REEVES, EDMAN L**

STREET ADDRESS **1202 SW 11TH TERRACE**

CITY-ST-ZIP **CAPE CORAL FL 33919**

TITLE DELETE

NAME **STO REEVES, CHERYL L**

STREET ADDRESS **1202 SW 11TH TERRACE**

CITY-ST-ZIP **CAPE CORAL FL 33919**

TITLE DELETE

NAME **VD REEVES, STEVEN D**

STREET ADDRESS **4421 SW 15TH PLACE**

CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition **D**

1.2 NAME **Reeves, Edman L.**

1.3 STREET ADDRESS **1202 SW 11TH Terr.**

1.4 CITY-ST-ZIP **Cape Coral, FL 33991**

2.1 TITLE Change Addition **VSTD**

2.2 NAME **Reeves, Cheryl L.**

2.3 STREET ADDRESS **1202 SW 11TH Terr.**

2.4 CITY-ST-ZIP **Cape Coral, FL 33991**

3.1 TITLE Change Addition **PD**

3.2 NAME **Reeves, Steven D.**

3.3 STREET ADDRESS **4421 SW 15TH Pl.**

3.4 CITY-ST-ZIP **Cape Coral, FL 33914**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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.

CRE034 (10/97)

[Handwritten signatures and dates]