

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 OCT 23 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0124947

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000010434 (3)

1. Corporation Name

HUDSON BOAT PRODUCTS INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1997

4. FEI Number

59-3458807

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

STURGILL, HELEN
169 HAGUE COURT
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name Doug Sehl
82 Street Address (P.O. Box Number is Not Acceptable)
18819 Unit 1 Sakera Road
83
84 City Hudson FL 85 Zip Code 34667

11. Pursuant to the provisions of sections 607.0502 and 607.1598, 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

8/18/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURGILL, HELEN	1.2 NAME	
STREET ADDRESS	18819 - UNIT 1 SAKERA ROAD	1.3 STREET ADDRESS	300002678543--3
CITY-ST-ZIP	HUDSON FL 34667	1.4 CITY-ST-ZIP	-11/03/98-01014-006
TITLE	VD	2.1 TITLE	***550.00 ***550.00
NAME	SCHUETTER, JAYNE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	18819 - UNIT 1 SAKERA ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODARMEL, SHIRLEY	3.2 NAME	
STREET ADDRESS	18819 - UNIT 1 SAKERA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEHL, DOUG	4.2 NAME	
STREET ADDRESS	18819 - UNIT 1 SAKERA ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RAY	5.2 NAME	
STREET ADDRESS	18819 - UNIT 1 SAKERA ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED

8/18/98

CR2E034 (5/98)