

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90131 030 ***150.00

DOCUMENT # P97000039802

1. Corporation Name

EXTREME POWER BOATS, INC.

Principal Place of Business

2519 MCMULLEN BOOTH ROAD STE 510-174
CLEARWATER FL 33761-4160

Mailing Address

2519 MCMULLEN BOOTH ROAD STE 510-174
CLEARWATER FL 33761-4160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

59-3457869

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4477 122nd AVE N

Suite, Apt. #, etc.

22 UNIT K

City & State

23 CLEARWATER, FL

Zip

24 33762 25 USA

Country

2a. Mailing Address

26 4477 122nd AVE N

Suite, Apt. #, etc.

27 UNIT K

City & State

28 CLEARWATER, FL

Zip

29 33762 30 USA

Country

9. Name and Address of Current Registered Agent

BANKO, NICHOLAS

2519 MCMULLEN BOOTH ROAD STE 510-174
CLEARWATER FL 33761-4160

81 Name

NICHOLAS BANKO

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

4477 122nd AVE N UNIT K

83

84 City

CLEARWATER FL

85 Zip Code

33762

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/99
DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P
NAME SPATERS, MARK
STREET ADDRESS 2519 MCMULLEN BOOTH ROAD STE 510-174
CITY-ST-ZIP CLEARWATER FL 33761-4160

TITLE VP
NAME BANKO, NICK
STREET ADDRESS 2519 MCMULLEN BOOTH ROAD STE 510-174
CITY-ST-ZIP CLEARWATER FL 33761-4160

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.1 TITLE
1.2 NAME MARK SPATERS
1.3 STREET ADDRESS 4477 122nd AVE N UNIT K
1.4 CITY-ST-ZIP CLEARWATER, FL 33762

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4477 122nd AVE N - UNIT K
2.4 CITY-ST-ZIP CLEARWATER, FL 33762

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99

Date

(727) 299-9292

Daytime Phone #

CR2E034 (11/98)