2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P97000052474** Apr 07, 2000 8:00 am Secretary of State 1. Entity Name DAWSON BOATS, INC. 04-07-2000 90012 022 ***150.00 Principal Place of Business Mailing Address 3909 MOBILE HIGHWAY 3909 MOBILE HIGHWAY PENSACOLA FL 32505 PENSACOLA FL 32505-6126 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3452779 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kobert-L. SebRing NICHOLSON, CHARLES 1608 E BELMOUNT ST PENSACOLA FL 32501 this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE TITLE NICHOLSON, CHARLES L NAME NAME STREET ADDRESS 1608 E BELMOUNT ST STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP PENSACOLA FL 32501 President M Change ☐ Addition ☐ Delete TITLE TITLE SEBRING, ROBERT L NAME NAME 4315 CHELTENHAN CR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32514 CITY-ST-ZIP Secretary Linda L. Sebring 4315 Cheltenhan Ce. X Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS Pensa was F1. 32514 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR