1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000008033 1. Corporation Name

GOLDEN BOAT LIFTS, INC.

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90088 036 ***150.00



Principal Place of Business Mailing Address					1 105(100) (10 10 10 10 10 10 10 10 10 10 10 10 10 1	.) 0010; 1011; 50	188 11/86 2111 1881
4810 HIGGINBOTHAM ROAD FT MYERS FL 33905 FT MYERS FL 33905					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
					01/23/1998		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 3664 Work Drive 26					650820058_		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		5 Additional
22 Ont \ 27					5. Certificate of Status Desired	Fee	Required
City & State City & State 23				6. Election Campaign Financing S5.00 May B Trust Fund Contribution Added to Fees		•	
Zip Country Zip Co				8. This corporation owes the current year Intangible			
24 339/6 25 USA 29 30				Personal Property Tax.			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
			81	Name			ļ
GOLDEN, WILLIAM 4810 HIGGINBOTHAM ROAD				Street Ad	ddress (P.O. Box Number is Not Acceptable)		
FT MYERS FL 33905			83		<u> </u>		
					。		
			84	City	THE PROPERTY OF THE PARTY OF TH	85 Zi	ip Code.
44 5	the annihing of Continue COT DED2	and 607 1509 Florida Statutes	the abov	e-named co	ornoration submits this statement for the purpose	of changing	its registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	if Florida. Such change was autho	かけさんび りゃ	the corpora	ation's board of directors. I hereby accept the app	ointment as	registered
SIGNATURE							
	Signature, typed or printed name of registered agent		ustered Age	nt signature req	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE		President	Chang	
TITLE	D	Z Jettere			Calley William		
NAME.	REAGAN, WILLIAM F	΄	1.2 NAME		Golden, William Rd		
STREET ADDRESS	2503 DEL PRADO BLVDSTE 430	'			For Muers F1 33905		-
CITY-ST-ZIP	CAPE CORAL FL 33904	□ DELETE	1.4 CITY-S	ST-ZIP (FF rayers, FT 33103	Chang	ge Addition
TITLE	D DOWN DOWN D F	☐ pereie	2.1 TITLE				,
NAME	REAGAN, DONALD F	_	2.2 NAME				ļ
STREET ADDRESS	2503 DEL PRADO BLVDSTE 430	, :		T ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33904	- Delete	2.4 CITY-	ST-ZIP		☐ Chang	ge Addition
TITLE		☐ DELETE	3.1 TITLE			Onlang	,
NAME			32 NAME				
STREET ADDRESS		•		TADDRESS			
CITY-ST-ZIP		Delete	3.4. CITY-	ST-ZIP		☐ Chang	ge Addition
TITLE		☐ DELETE	4.1 TITLE				>
NAME			4,2 NAME	1			ľ
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY S	ST-ZIP			an ([] Addition
TITLE		☐ DELETE	5.1 TITLE			∟ cnan¢	ge / Addition
NAME			52 NAME				
STREET ADDRESS			ì	TADORESS			
CITY-ST-ZIP			54 CITY-5	ST-ZIP			-
TITLE		☐ DELETE	6 1 TITLE			Chang	ge Addition
NAME			62 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
CITY-ST-ZIP			6.4 CITY-S	ST-ZIP			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR