

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
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90079 006 ***158.75

DOCUMENT # P98000024646

1. Corporation Name

DONE RITE WATER SPORTS, INC.

Principal Place of Business

PALM BEACH COUNTY

Mailing Address

4512 POINSETTIA AVE.
SUITE 205
WEST PALM BEACH, FL. 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/16/98

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

City & State

24

City & State

25

Country

26

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City & State

29

Country

30

Country

4. FEI Number

59-3502207

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARD E. STRAUGHN
4891 SOUTH ATLANTIC AVE.
PONCE INLET, FL. 32127

81

Name

JEFFREY J. RUDOLPH

82

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

4906-D POINSETTIA AVE.

83

City

WEST PALM BEACH

FL

85

Zip Code
33407

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

JEFFREY J. RUDOLPH, JEFFREY J. RUDOLPH GENERAL MANAGER 4/5/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☐ DELETE
NAME ALVIN K. WRIGHT
STREET ADDRESS 4891 SOUTH ATLANTIC AVE.
CITY-ST-ZIP PONCE INLET, FLORIDA 32127

TITLE ~~VICE PRESIDENT~~ SECRETARY ☒ DELETE
NAME BETTY JO WRIGHT
STREET ADDRESS 4891 SOUTH ATLANTIC AVE.
CITY-ST-ZIP PONCE INLET, FLORIDA 32127

TITLE ~~SECRETARY~~ VICE-PRESIDENT ☒ DELETE
NAME CARL EDWARD ELDRIDGE III
STREET ADDRESS 3511 1/2 WASHINGTON ROAD
CITY-ST-ZIP WEST PALM BEACH, FLORIDA 33405

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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: ALVIN K. WRIGHT, PRESIDENT 4/5/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(7607)

CR2E034 (1/98)