Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90266 005 \*\*\*150.00

## 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

## DOCUMENT # P98000098154

1. Corporation Name

THE BOAT YARD, INC.

|                        |   |  | •                                       |  |
|------------------------|---|--|---|--|
| Principal Place        | e of Business   | Mailing Address  |   | T (BENISON (IM IMIMI (MIS) AMS)) AMS)) MAIST MASIN TOTAL TRANSPORT DESIGN AND STATE AN |
|                        |   | - 2991 OAK DRIVE   |   |  |
|                        |   | LONGWOOD FL 92779-4747   |   |  |
|                        |   | P.O. Box 91610   | (.2                                     | DO NOT WRITE IN THIS SPACE   |
| }                      |   | T. O. DOK MIGH   | 201701 (1/2                             | 3. Date Incorporated or Qualifed   |
|                        |   | hongwood fr.   | 32141-6160                              | 11/18/1998   |
| <b>└</b>               | ace of Business   | 2a. Mailing Address  | 01/1/2                                  | 4. FE Number Applied For   |
| 21                     |   | 26 P. O. JOOK  | 416167                                  | 59-3541973   Not Applicable   \$8.75 Additional  |
| Suite, Apt.            | #, etc.   | Suite, Apt. #, etc.  |   | 5. Certificate of Status Desired Fee Required  |
| City & State           |   | City & State   |   | 6. Election Campaign Financing \$5.00 May Be   |
| <b>⊢</b> ′             | е   | 28 Longwood  | . 32791-616                             | Trust Fund Contribution Added to Fees  |
| Zip                    | Country   | Zip Zip  | Country .                               | This corporation owes the current year Intangible  |
| <b>⊢</b>               | 25  | <u> </u>   | a USA                                   | Personal Property Tax.   |
| 24                     | 9. Name and Address of Current  |  |   | 10. Name and Address of New Registered Agent   |
|                        | <u> </u>  |  | 81 Name                                 |  |
| BURCHARD, DENISE       |   |  | (D.O. Day M. whee in Met Accompability) |  |
| 2331 OAK DRIVE         |   |  | 82 Street Addr                          | ress (P.O. Box Number is Not Acceptable)   |
| LONGWOOD FL 32779-4747 |   |  | 83                                      |  |
|                        |   | •  |   | lool 7: 0  |
|                        |   |  | 84 City                                 | FL 85 Zip Code   |
| l office or n          | egistered agent, or both, in the State on<br>m familiar with, and accept the obligati | of Florida. Such change was autions of, Section 607.0505, Florid | norized by the corporation in Statutes. | poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered  |
|                        | Signature, typed or printed name of registered agent                                  |  | Registered Agent signature require      | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| 12.                    | OFFICERS ANI  | DELETE DELETE  | 13.                                     | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE                  | D DEPUNC HEDDERT C  | C DETENT   | 1.2 NAME                                |  |
| NAME                   | BLEVINS, HERBERT C  |  |   |  |
| STREET ADDRESS         | 2331 OAK DRIVE  |  | 1.3 STREET ADDRESS                      |  |
| CITY-ST-ZIP            | LONGWOOD FL 32779-4747  | DELETE   | 1.4 CITY-ST-ZIP                         | ☐ Change ☐ Additi  |
| TITLE                  | D DENICE  | - >  | 2.1 TITLE<br>2.2 NAME                   | ــــــــــــــــــــــــــــــــــــــ   |
| NAME                   | Burchard, Denise<br>  2331 Oak Drive  | _  | 2.2 NAME.                               | The second of th |
| STREET ADDRESS         | LONGWOOD FL 32779-4747  | ₹ :  | 2.4 CITY-ST-ZIP                         |  |
| CITY-ST-ZIP            | LUNGWOUD FE 32/15-4/4/  | ☐ DELETE   | 3.1 TITLE                               | ☐ Change ☐ Additi  |
|                        | •   |  | 3.2 NAME                                | , -  |
| NAME<br>OTHER ADDRESS  |   |  | 3.3 STREET ADDRESS                      |  |
| STREET ADDRESS         |   |  | 1                                       |  |
| CITY-ST-ZIP            |   | ☐ DELETE   | 3.4. CITY-ST-ZIP 4.1 TITLE              | ☐ Change ☐ Addit   |
| TITLE                  |   | pere   | 4.2 NAME                                | _ · _  |
| NAME                   |   |  | 4.3 STREET ADDRESS                      | •  |
| STREET ADDRESS         |   |  | 4.3 STREET ADDRESS                      |  |
| CITY-ST-ZIP            | İ   |  | #.4 GHT-31-4P                           |  |

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 charged, or on an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY+ST-ZIP

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

☐ Addition

☐ Addition