FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

1996

| DOCUN 1. Corporation | | # S431 | 97 | (0) |) | | | | | |
|--|--------------------|--|-----------------------|--|----------------|----------------------------|------------------------------|--|--|-------------------------------------|
| RUDE ROY'S MARINA & BOAT SALES, INC. | | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | | |
| 6426 W. HWY. 98 Panama City Beach FL 32407 | | | | 6426 W. HWY. 98 PANAMA CITY BEACH FL 32407 | | | | | | |
| | | | | | | | | 3. Date Incorporated or Qualified | 3a. Date of Last | • |
| 2. Principal Pla | ce of Busine | 2 | 2a, Malling Address | | | | 04/04/1991 4. FEI Number | 04/27/ | Applied For | |
| 1 | | | | 26 | | | | 59-2975139 | ļ. | Not Applicable |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | 1 1 | 5 Additional Required |
| City & State | | | | City & State | | | | Election Campaign Financing Trust Fund Contribution | \$5. | 00 May Be led to Fees |
| Zip 24 | Zip Country | | | Zip Cour 29 30 | | | | 8. This corporation has liability for i | ntangible tax under | |
| | | and Address of Curre | | | | <u>بر</u> | | 10. Name and Address of New R | _ | |
| | | | | | | 81 | Name | | | |
| CENTANNI, ROY | | | | | 82 Street Add | | | dress (P.O. Box Number is Not Acceptable | le) | |
| 6426 W. HWY 98 PANAMA CITY BEACH FL 32407 | | | | | | 83 | | | | |
| | | | | | | 84 | City | | lor! | Zio Carla |
| 11. Pursuant to the provisions of Sections 607,0502 and 607 1508, Florida Statutes | | | | | | ' | | | FI. | Zip Code |
| or registere | o agent, or | both, in the State of Flori of the obligations of, Sect | ua. Suc | .n change was authoriz | 1 1095 | ne above-r by the corp | named corpc oration's boa | oration submits this statement for the pur ard of directors. I hereby accept the appo | oose of changing its intment as registere | registered office ed agent. I am |
| | ilgnature, typisch | or printed name of registered again | | | 51t - F | | t signatum requin | ec who i reinstating) | DATE | |
| TITLE | Р — | OFFICERS AN | ID DISE | DELETE | | 13. | | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECT | |
| NAME | • | ANNI, ROY | | | | 1.2 NAME | | | L] Onango | [] Madition |
| STREET ADDRESS | | W. HWY 98 | | | | 1.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | PANA | MA CITY BCH FL | | | | 1.4 CITY - S | T - 21P | | | |
| TITLE | ST | | | [] DELETE | | 2 1 HTLE | | | ☐ Change | Addition |
| NAME | | ER, GERALD E. | | | | 2 2 NAME | | | | |
| STREET ADDRESS | | W. HWY 98 | | | | 2.3 STREET | | | | |
| CITY-ST-ZIP TITLE | PANA | MA CITY BCH FL | • | [] DELFTE | | 24 CITY-S 3 1 TITLE | 1 - ZIP | | Change | C Addition |
| NAME | | | | F1 | | 3 2 NAME | | | change | Addition |
| STREET ADDRESS | | | | | | 33 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | | | 3 4 CHTY - S | T-ZIP | | | |
| TITLE | | | | ☐ DELETE | | 4. 1 1) (LE | | | Change | Addition |
| NAME STREET ADDRESS | | | | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | | | | 4.3 STREET | | | | |
| CITY-ST-ZIF' | | | | DELETE | | 4.4 CITY - S 5. 1 TITLE | 1-2iP | A | F1 2har | □ Addition |
| NAME | | | | المارين الماري | | 5.2 NAME | | | ☐ Change | Addition Addition |
| STREET ADDRESS | | | | | İ | 5.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | | | 54 CITY-S | | | | |
| TITLE | | | | DELFTE | | 6 1 TITLE | | | Change | Addition |
| NAME | | | | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | | | | 63 STREET | ADDRESS | | | |
| CITY-ST-ZIP | portifi, that | the inferentian | . 300 - 41 * | fline in the last of the | | 64 CITY-S | T-ZIP | | | |
| oath; that I | am an office | | uar repo oration d | ert or supplemental ann Er the receiver or truste | iuai n e em | | | for the exemption stated in Section 119.0 ate and that my signature shall have the s is report as required by Chapter 607, Flo | | |

SIGNATURE: >

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/56 904-233-0008
Date Daytime Prione #