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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S47311** **(3)**

1. Corporation Name
THOROUGHBRED POWERBOATS, INC.

Principal Place of Business	Mailing Address
240 POWER CT. SANFORD FL 32771	240 POWER CT. SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1991
3a. Date of Last Report: 05/25/1994

2. Principal Place of Business	2a. Mailing Address
21 1690 Fitzpatrick Point	26 1690 Fitzpatrick Point
Suite, Apt. #, etc. 22 Port of Sanford	Suite, Apt. #, etc. 27 Port of Sanford
City & State 23 Sanford FL	City & State 28 Sanford FL
Zip / Country 24 32771 / 25 Seminole	Zip / Country 29 32771 / 30 Seminole

4. FEI Number: 59-3062792 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BORGLUM, KURT R. 366 EAST GRAVES AVE. SUITE B ORANGE CITY FL 32763	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE _____
(Signature, typed or printed name of registered agent and the date signed) (NOTE: If registered agent is a corporation, registered officer must sign)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	STEPP, KIMBERLY	12 NAME	Stepp, Kimberly
STREET ADDRESS	240 POWER COURT, ST 140	13 STREET ADDRESS	1690 Fitzpatrick Point
CITY ST ZIP	SANFORD FL	14 CITY ST ZIP	Port of Sanford, Sanford Fl 32771
TITLE	V	21 TITLE	V ☒ Change ☐ Addition
NAME	STEPP, STEVE	22 NAME	Stepp, Steve
STREET ADDRESS	240 POWER CT. STE. 148	23 STREET ADDRESS	1690 Fitzpatrick Point
CITY ST ZIP	SANFORD FL	24 CITY ST ZIP	Port of Sanford Sanford FL 32771
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	900001471943
STREET ADDRESS		33 STREET ADDRESS	-05/02/95--01159--018
CITY ST ZIP		34 CITY ST ZIP	****200.00 ****200.00
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	$87 4/28
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: K Stepp 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

3-8-95
Date

407-328-8872
Daytime Phone #

0060026 CP