

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 # **S59049**

1. Corporation Name

AMERICAN BOATS & SUPPLIES, INC.

Principal Place of Business

**2768 HWY 710
OKEECHOBEE FL 34974
US**

Mailing Address

**P.O. BOX 1428
OKEECHOBEE FL 34973-1428**

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90061 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1991

4. FEI Number

65-0271475

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

2. Principal Place of Business

21

Suite, Apt. #, etc.,

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.,

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CLARDY, HERSCHELL LEE
302 SW 15 ST
OKEECHOBEE FL 34973**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
CLARDY, HERSCHELL LEE**
STREET ADDRESS **302 SW 15 ST**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ DELETE

NAME **STD
FADLEY, FLORA H.**
STREET ADDRESS **302 SW 15 ST**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ DELETE

NAME **PD
CLARDY, HERSCHELL LEE**
STREET ADDRESS **302 SW 15 ST**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME **PD
CLARDY, HERSCHELL LEE**
STREET ADDRESS **302 SW 15 ST**
CITY-ST-ZIP **OKEECHOBEE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

HERSCHELL LEE CLARDY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 4, 1999 (941) 467-1244

Date

Daytime Phone #

CR2E034 (11/98)