FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 7:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V27326** **(0)**

1. Corporation Name
FLORIDA WATERCRAFT OF ORLANDO, INC.

Principal Place of Business	Mailing Address
8005 S 17-92 FERN PARK FL 32730	8005 S 17-92 FERN PARK FL 32730

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/03/1992**
3a. Date of Last Report: **03/16/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-3126046** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / Country — 25 / Zip — 29 / Country — 30
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

POOLE, SCOTT
177 N CASUEWAY
NEW SMYRNA BEACH FL 32169

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: Scott C. Poole — February 21, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P	☒ Change ☐ Addition
NAME	POOLE, SCOTT	1.2 NAME	Poole, Scott	
STREET ADDRESS	529 CEDAREDGE DR	1.3 STREET ADDRESS	529 Cedaredge Drive	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	1.4 CITY-ST-ZIP	New Smyrna Beach, FL	
TITLE	D	2.1 TITLE	Delete	☒ Change ☐ Addition
NAME	SANDBERG, ALLEN	2.2 NAME	Delete	
STREET ADDRESS	498 NORTH PIN OAK PLACE, #200	2.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	Delete	
TITLE		3.1 TITLE	V	☐ Change ☒ Addition
NAME		3.2 NAME	Poole, Ross A.	
STREET ADDRESS		3.3 STREET ADDRESS	232 North Ridgewood Avenue, #30	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Edgewater, FL 32132	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Scott Poole — February 21, 1995 — 904/426-2628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0414001 FP