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 MAY -1 AM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V39512** **(1)**

1. Corporation Name
SMITTY'S BOAT SALES, INC.

100001488031
-05/16/95--01010--011
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
727 S. KROME HOMESTEAD FL 33030	727 S. KROME HOMESTEAD FL 33030

3. Date Incorporated or Qualified: **05/27/1992**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business (21) Suite, Apt #, etc. (22) City & State (23) Zip (24) County (25)

2a. Mailing Address (26) Suite, Apt #, etc. (27) City & State (28) Zip (29) County (30)

4. FEI Number: **65-0483323** ☐ 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

CROWLEY, ROBIN S.
727 S. KROME AVENUE
HOMESTEAD FL 33030

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 _____ DATE _____
(signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mail/courier)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	CROWLEY, WILLIAM P., JR.	12 NAME	
STREET ADDRESS	727 S. KROME	13 STREET ADDRESS	
CITY ST ZIP	HOMESTEAD FL	14 CITY ST ZIP	
TITLE	DT	21 TITLE	QTS ☑ Change ☐ Addition
NAME	CROWLEY, ROBIN S.	22 NAME	CROWLEY, Robin S.
STREET ADDRESS	727 S. KROME	23 STREET ADDRESS	727 S. Krome Ave
CITY ST ZIP	HOMESTEAD FL	24 CITY ST ZIP	Homestead, FLA. 33030
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	GILL, RONALD T.	32 NAME	
STREET ADDRESS	727 S. KROME	33 STREET ADDRESS	
CITY ST ZIP	HOMESTEAD FL	34 CITY ST ZIP	
TITLE	DS	41 TITLE	☑ Change ☐ Addition
NAME	CORBETT, J.A., III	42 NAME	CorBett, JA III
STREET ADDRESS	727 S. KROME	43 STREET ADDRESS	727 S. Krome Ave
CITY ST ZIP	HOMESTEAD FL	44 CITY ST ZIP	Homestead FLA 33030 > Delete
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	5/1/95 MST
CITY ST ZIP		54 CITY ST ZIP	
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: Robin S. Crowley 4/20/95 305-245-0229
(SIGNATURE AND TITLE OR PRINTED NAME OF MANDATORY OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
Robin S. Crowley - Treasurer

CP