

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V46221**

(0)

1. Corporation Name

HUTCHINSON YACHT SALES, INC.



Principal Place of Business

**HUTCHINSON YACHT SALES
124 INLET HARBOR RD
PONCE INLET FL 32127
US**

Mailing Address

**4927 SAILFISH DR
PONCE INLET FL 32127
US**

2. Principal Place of Business

2a. Mailing Address

21 **Hutchinson Yacht Sales**

26 Suite, Apt., #, etc.

22 **326 S. Beach St**

27 Suite, Apt., #, etc.

23 **Daytona Beach, FL**

28 City & State

24 **32114** 25 **US**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**HUTCHINSON, DAVID J JR
4927 SAILFISH DR
PONCE INLET FL 32127**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

06/26/1992

3a. Date of Last Report

08/17/1995

4. FET Number

59-3129723

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

10. Name and Address of New Registered Agent

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 607.0503, Florida Statutes.

SIGNATURE

(Signature of Agent or Director)

(Signature of Agent or Director)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	DP HUTCHINSON, DAVID J JR	4927 SAILFISH DR	PONCE INLET FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 affidavit with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96 904-255-7003

CR2E034 (12/95)