

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J50915 (4)

1. Corporation Name
KAY BOATS INC.



Principal Place of Business % LINGO, JAMES. W. HWY 81 SO. PONCE DE LEON FL 32455 US	Mailing Address % LINGO, JAMES. W. P.O. BOX 128 PONCE DE LEON FL 32455 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 HWY 81 SO. Suite, Apt. #, etc.	2a. Mailing Address 26 13801 CORNELL AVE Suite, Apt. #, etc.
22 City & State 23 Ponce De Leon, FL.	27 City & State 28 Bayou La Batre, AL.
24 Zip 32455 25 Country U.S.A.	29 Zip 36509 30 Country U.S.A.

3. Date Incorporated or Qualified 01/02/1987	
4. FEI Number 59-2754130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LINGO, JAMES W HWY 81 SO. PONCE DE LEON FL 32455	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 *James W. Lingo* (NOTE: Registered Agent signature required when reinstating) DATE **3-6-98**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P LINGO, JAMES W	<input type="checkbox"/>
NAME	LINGO, JAMES W	
STREET ADDRESS	HWY 81 SO., P.O. BOX 128	
CITY-ST-ZIP	PONCE DE LEON FL	
TITLE	VST LINGO, HELEN S	<input type="checkbox"/>
NAME	LINGO, HELEN S	
STREET ADDRESS	HWY 81 SO., P.O. BOX 128	
CITY-ST-ZIP	PONCE DE LEON FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

SIGNATURE *James W. Lingo* DATE **3-6-98** **234-874-9100**

CR2E034 (10/97)