

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000088965 (5)**  
1. Corporation Name

**SANIBEL LIGHT TACKLE GUIDE SERVICE, INC.**



Principal Place of Business: **2025 PERWINKLE WAY SANIBEL ISLAND FL 33957**  
Mailing Address: **2025 PERWINKLE WAY SANIBEL ISLAND FL 33957**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/20/1995</b>	3a. Date of Last Report
21	22	26	27	4. FEI Number	<input checked="" type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
Suite, Apt #, etc		Suite, Apt #, etc.		5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23	24	28	29	8. This corporation has Liability for intangible tax under s. 199.032, Florida Statutes	
Zip	Country	Zip	Country	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>RIZZO, THOMAS F 2025 PERWINKLE WAY SANIBEL ISLAND FL 33957</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 607.1505, Florida Statutes.

SIGNATURE: *Thomas F. Rizzo* **7/22/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ALEXANDER, STEPHEN			1.2 NAME			
STREET ADDRESS	1278 SANDCASTLE ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	SANIBEL ISLAND FL 33957			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RIZZO, THOMAS F			2.2 NAME			
STREET ADDRESS	2340 PERWINKLE WAY, SUITE J-2			2.3 STREET ADDRESS			
CITY-ST-ZIP	SANIBEL ISLAND FL 33957			2.4 CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HELO, AL JR.			3.2 NAME			
STREET ADDRESS	939 BEACH ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	SANIBEL ISLAND FL 33957			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas F. Rizzo* **7/22/96 941-395-0400**

CR2E034 (3/96)