Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90058 037 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999 -



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000028466**

1. Corporation Name

REDBONE SPORT FISHING CHARTERS, INC.

Principal Place	e of Business	Mailing Addres	s				
#5 DAVIS LN ISLAMORADA FL 33036 #5 DAVIS LN ISLAMORADA FL 33036						DÓ NOT WRITE IN TH	IS SPACE
	•					3. Date Incorporated or Qualifed	
						03/28/1997	
2. Principal P	2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26						65-08317 <u>16</u>	Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional . Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
23	3					Trust Fund Contribution	Added to Fees
Zip 24]	Zip Country Zip Country 25 30			ountry		This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No
	9. Name and Address of Cul	rrent Registered Agent				10. Name and Address of New Registere	d Agent
-:		, •	_	81	Name		:
ELLIS, GARY J #5 DAVIS LN ISLAMORADA FL 33036				82	Street Addr	ess (P.O. Box Number is Not Acceptable)	,
				83			
,							1 (1)
				84			■ 85 Zip Code
office or r agent. I a	to the provisions of Sections our egistered agent, or both, in the St m familiar with, and accept the ob Signature, typed or printed name of registered	ligations of, Section 607	.0505, Florida Sta	atute's.		oration submits this statement for the purpose on's board of directors. I hereby accept the applications of the purpose of the	ointment as registered
12.		AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DP		DELETE 1.1	TITLE			☐ Change ☐ Addition
NAME	ELLIS, GARY		1.2	NAME		•	
STREET ADDRESS	5 DAVIS LN		1.3	STREET	ADDRESS		ţ
CITY-ST-ZIP	10. 11.00.10.1		CITY-\$1	r- <i>7</i> IP	•	}	
TITLE	STR			TITLE			Change Addition
NAME	ELLIS, SUSAN		2.2	NAME		•	ļ
STREET ADDRESS	5 DAVIS LN		2.3	STREET	ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL 33036		2.4	CITY-S	T-ZIP -		
TITLE	, ,		DELETE 3.1	TITLE			☐ Change ☐ Addition
NAME		,	3.2	NAME			
STREET ADDRESS			3.3	STREET	ADDRESS		
CITY-ST-ZIP	* 1			CITY-S	T-ZIP		
TITLE	!					•	100
				TITLE	.	•	Change Addition
NAME ,	: ;		4.2	NAME		. · · ·	☐ Change ☐ Addition
NAME STREET ADDRESS		. , .	4.2 4.3	NAME STREET	ADDRESS		Change Addition
STREET ADDRESS CITY-ST-ZIP			4.2 4.3 4.4	NAME STREET CITY-SI	·	· ·	
STREET ADDRESS	1		4.2 4.3 4.4 DELETE 5.1	NAME STREET	·		☐ Change ☐ Addition ☐ Change ☐ Addition

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, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

5 fold

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

REQUIRED RINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

☐ Addition