

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H36383 (8)

1. Corporation Name  
LOXAHATCHEE BAIT AND TACKLE, INC.



Principal Place of Business  
14567 SOUTHERN BLVD.  
P O BOX 1322  
LOXAHATCHEE FL 33470

Mailing Address  
14567 SOUTHERN BLVD.  
P O BOX 1322  
LOXAHATCHEE FL 33470

3. Date Incorporated or Qualified 12/31/1984 3a. Date of Last Report 10/23/1995

4. FEI Number 59-2438004 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

2. Principal Place of Business 21 2a. Mailing Address 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

VIERA, JOSE  
14915 SOUTHERN BLVD.  
LOXAHATCHEE FL 33470

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 *Jose Viera*

3/13/96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME VIERA, JOSE

STREET ADDRESS 14567 SOUTHERN BLVD.

CITY - ST - ZIP LOXAHATCHEE FL

TITLE VP ☐ DELETE

NAME MORROW, CRISTINA

STREET ADDRESS 18859 77TH LANE NO

CITY - ST - ZIP LOXAHATCHEE FL

TITLE T ☐ DELETE

NAME VIERA, CRISTINA

STREET ADDRESS 11851 51ST CT N

CITY - ST - ZIP ROYAL PALM BCH FL

TITLE S ☐ DELETE

NAME VIERA, LISSETTE

STREET ADDRESS 11851 51ST CT N

CITY - ST - ZIP ROYAL PALM BCH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or in changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96 (407) 793-6558

CR2E034 (12/95)