


FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90065 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 176441

1. Corporation Name

THE FISHERMEN'S SUPPLY COMPANY, INC.

Principal Place of Business

3601 SWANN AVE
STE 106
TAMPA FL 33609
US

Mailing Address

P.O. BOX 10554
TAMPA FL 33679
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1953

4. FEI Number

59-0721902

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fees Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be**
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No2. Principal Place of Business
21 **5817 Mariner Dr West**

Suite, Apt. #, etc.

22 City & State
23 **Tampa, FL**

Zip Country

24 **33609**

25

2a. Mailing Address
26 **5817 Mariner Dr West**

Suite, Apt. #, etc.

27 City & State
28 **Tampa, FL**

Zip Country

29 **33609**

30

9. Name and Address of Current Registered Agent

BOGGS, E J
501 EAST KENNEDY BLVD
SUITE 1700
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE
NAME MEEKINS, GLORIA M
STREET ADDRESS 3601 SWANN AVE.
CITY-ST-ZIP TAMPA FL
TITLE **VD** ☒ DELETE
NAME COWARD, J B
STREET ADDRESS 3601 SWANN AVE
CITY-ST-ZIP TAMPA FL
TITLE **VP** ☒ DELETE
NAME PANACCIONE, GLORIA S
STREET ADDRESS 3601 SWANN AVE
CITY-ST-ZIP TAMPA FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
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

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5817 Mariner Dr West
Tampa, FL 33609

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition
Gloria M. Meekins

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.

SIGNATURE: *Gloria M. Meekins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 1999

Date

Daytime Phone #

CR2E034 (1/98)