FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY 15 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **373150** **(2)**

1. Corporate Name

LAUDERDALE PLUMBING SERVICE, INC.

Principal Place of Business

10723 TAMI'S TRAIL
LAKE WORTH FL 33467

Mailing Address

10723 TAMI'S TRAIL
LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/23/1970**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **56-0955423** ☐ Applied For ☐ Not Applicable

State, Apt. # or Rm. # — 22

State, Apt. # or Rm. # — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 — 25 — 29 — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHYTLE, LIL J.
10723 TAMI'S TRAIL
LAKE WORTH FL 33467

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 Section 607.325 and 607.1908, 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 607.325, Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
71 TITLE	P	71 TITLE	☐ Change ☐ Addition
72 NAME	SHYTLE,RALPH STEVE	72 NAME	
73 STREET ADDRESS	10723 TAMI'S TRAIL	73 STREET ADDRESS	
74 CITY ST ZIP	LAKE WORTH FL 33467	74 CITY ST ZIP	
75 TITLE	V	75 TITLE	☐ Change ☐ Addition
76 NAME	YOUNG, EARL	76 NAME	
77 STREET ADDRESS	10723 TAMI'S TRAIL	77 STREET ADDRESS	
78 CITY ST ZIP	LAKE WORTH FL 33467	78 CITY ST ZIP	
79 TITLE	V	79 TITLE	☑ Change ☐ Addition
80 NAME	DENICOLAIS, GARY M.	80 NAME	Gary M. Denicolais
81 STREET ADDRESS	10723 TAMI'S TRAIL	81 STREET ADDRESS	No longer officer -
82 CITY ST ZIP	LAKE WORTH FL 33467	82 CITY ST ZIP	
83 TITLE	ST	83 TITLE	☐ Change ☐ Addition
84 NAME	SHYTLE, LIL J.	84 NAME	
85 STREET ADDRESS	10723 TAMI'S TRAIL	85 STREET ADDRESS	
86 CITY ST ZIP	LAKE WORTH FL 33467	86 CITY ST ZIP	
87 TITLE		87 TITLE	☐ Change ☐ Addition
88 NAME		88 NAME	
89 STREET ADDRESS		89 STREET ADDRESS	
90 CITY ST ZIP		90 CITY ST ZIP	
91 TITLE		91 TITLE	☐ Change ☐ Addition
92 NAME		92 NAME	
93 STREET ADDRESS		93 STREET ADDRESS	
94 CITY ST ZIP		94 CITY ST ZIP	

14. I 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)(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 with an address, with an asterisk, or on an attachment with an address.

SIGNATURE: Lil J. Shytle — 5-10-95 — 407-968-6288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0272670 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 12 AM 8:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 373623 (8)

1. Corporation Name

BILL BOYD'S TACKLE SHOP, INC.

Principal Place of Business	Mailing Address
508 N. ANDREWS AVE. FT LAUDERDALE FL 33301	508 N. ANDREWS AVE. FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1970	3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1355431	[ ] 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. (22) — Suite, Apt. #, etc. (27)
City & State (23) — City & State (28)
Zip (24) Country (25) — Zip (29) Country (30)

9. Name and Address of Current Registered Agent

FORMAN, CHARLES
320 NW THIRD AVE.
OCALA FL 32670

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 ______ (Registered Agent signature, if applicable) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	[ ] Change [ ] Addition
NAME	BOYD, WILLIAM SCOTT	1 NAME	
STREET ADDRESS	508 N. ANDREWS AVE.	1 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1 CITY-ST-ZIP	
TITLE	STD	2 TITLE	[ ] Change [ ] Addition
NAME	FORMAN, WALTER H.	2 NAME	
STREET ADDRESS	6525 S. FLAGLER DR.	2 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2 CITY-ST-ZIP	
TITLE	D	3 TITLE	[ ] Change [ ] Addition
NAME	FORMAN, CHARLES R.	3 NAME	
STREET ADDRESS	320 NW 3RD DR.	3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(1)(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: William S. Boyd Pres. — 4/13/95 — 305-462-8366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0209491 CP