

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

FILED  
Mar 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **414969** (6)

1. Corporation Name  
**TACKLE SHACK INC**

Principal Place of Business  
**7801 66TH STREET, NORTH  
PINELLAS PARK 34665-2104**

Mailing Address  
**7801 66TH STREET, NORTH  
PINELLAS PARK 34665-2104**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/19/1972**

4. FEI Number

**59-1428125**

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 owes or has paid the current year ☐ Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

**33781**

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

**33781**

Country

30

9. Name and Address of Current Registered Agent

**WATSON, JOHN E.  
600 49TH STREET NORTH SUITE A-1  
33710**

10. Name and Address of New Registered Agent

81 Name

**NOBLE DOSS, Esq.**

82 Street Address (P.O. Box Number is Not Acceptable)

**5209 GULFPORT BLVD S.**

83

84 City

**Gulfport**

**FL**

85 Zip Code

**33707**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/25/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVINE, LOUIS H</b>	
STREET ADDRESS	<b>2700 66TH WAY NORTH</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	

TITLE	<b>SDT</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVINE, ARLENE</b>	
STREET ADDRESS	<b>2700 66TH WAY NORTH</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVINE, STEVEN R.</b>	
STREET ADDRESS	<b>308 BAHIA VISTA DRIVE</b>	
CITY-ST-ZIP	<b>INDIAN ROCKS BCH. FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: *[Signature]*

**2/25/98**

**813**  
**525-345**

CR2E034 (10/97)