

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90029 011 ***150.00

DOCUMENT # 445238

1. Corporation Name

ANGLER'S BOAT RENTALS, INC.



Principal Place of Business

**3224 N ROOSEVELT BLVD
KEY WEST FL 33040-4115**

Mailing Address

**3224 N ROOSEVELT BLVD
KEY WEST FL 33040-4115**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1974

4. FEI Number

59-1512433

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 6270 LK Winona RD

2a. Mailing Address

26 P.O. BOX 1094

Suite, Apt. #, etc.

22 P.O. BOX 1094

Suite, Apt. #, etc.

27 6270 LK Winona RD.

City & State

23 DeLeon Springs, FL.

City & State

28 DeLeon Springs, FL.

Zip

24 32130

Country

25 U.S.

Zip

29 32130

Country

30 U.S.

9. Name and Address of Current Registered Agent

**HARLAND, ROBERT E.
3224 N ROOSEVELT BLVD
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name

HARLAND, ROBERT E.

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

6270 LK Winona RD.

83

84 City

DeLeon Springs

FL

85 Zip Code

32130

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 **PV** ☐ DELETE
NAME **HARLAND, ROBERT**
STREET ADDRESS **3224 N ROOSEVELT BLVD**
CITY-ST-ZIP **KEY WEST FL**

TITLE **ST** ☐ DELETE
NAME **HARLAND, LINDA**
STREET ADDRESS **3224 N ROOSEVELT BLVD**
CITY-ST-ZIP **KEY WEST 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PV** ☐ Change ☐ Addition
1.2 NAME **HARLAND, ROBERT**
1.3 STREET ADDRESS **6270 LK Winona RD P.O. BOX 1094**
1.4 CITY-ST-ZIP **DeLeon Springs, FL. 32130**

2.1 TITLE **ST** ☐ Change ☐ Addition
2.2 NAME **HARLAND, LINDA**
2.3 STREET ADDRESS **6270 LK Winona RD. P.O. BOX 1094**
2.4 CITY-ST-ZIP **DeLeon Springs, FL. 32130**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/99

Date

(904) 985-1728

Daytime Phone #

CR2E034 (1/98)

0029465