## FILE NOW: FILING FEE AFTER MAY 1ST IS \$5

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business

240 MIRACLE STRIP PKWY P.O. BOX 879

2. Principal Place of Business

DESTIN FL 32540-0879

Suite, Apt. #, etc.

City & State

Zip

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FLORIDA DEPARTMEN

ATIONS

Secretary of S DIVISION OF CORPO

Mailing Address 240 MIRACLE STRIP PKWY

P.O. BOX 879

2a. Mailing Address

City & State

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9, Name and Address of Current Registered Agent

**DESTIN FL 32540-0879** 

Suite, Apt. #, etc.

**DESTIN FISHIN' HOLE, INCORPORATED** 

25

HALLMAN, HARVEY DRIEVES 240 MIRACI E STRIP PARKWAY

DOCUMENT # 530534

(7)

## **FILED** May 06 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

3. Date Incorporated or Qualified 03/25/1977 4. FEI Number

59-1731866

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

### City ### City ### City ### City ### City ### B5 Zip Code  11. Pursuant to the provisions of Sections 607.05:0? and 607.15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its region agent. I arm familiar with, and accept the appointment as region agent. I arm familiar with, and accept the appointment as region agent. I arm familiar with, and accept the appointment as region agent. I arm familiar with, and accept the appointment as region agent. I arm familiar with, and accept the appointment as region agent. I arm familiar with, and accept the appointment as region agent. I arm familiar with, and accept the appointment as region agent. I arm familiar with, and accept the appointment as region agent. I arm familiar with, and accept the appointment as region agent. I arm familiar with, and accept the appointment as region agent. I arm familiar with, and accept the appointment as region agent. I arm familiar with, and accept the appointment as region agent. I arm familiar with, and accept the appointment as region agent. I arm familiar with, and accept the appointment as region agent. I arm familiar with, and accept the appointment as region agent. I arm familiar with a proving agent. I have been remetaling.    12.	DESTIN, FL				S	street Address (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Sections, 607 05:02 and 607 15:08. Florida Statutes, the above named corporation submits this statement for the purpose of changing its region of corporation of the provisions of section of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regional name familiar with, and accept the obligations of, Section 607.5565, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, bread or profess name of ingustred apent aird title it appointment as regional apent aird title it appointment as regional apent aird profess and profes				83	<del>                                     </del>					一
11. Pursuant to the provisions of Soctions 607 05/02 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purces of changing its 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, and accept the obligations of, Soction 607.05/05, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, here or printin name of ingustred aport and title all appointment and state and accept the obligations of, Soction 607.05/05, Florida Statutes.  ITILE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INTERPRETATIONS INTERPRETATIONS IN INTERPRETATIONS INTERPRETA				RA	10	New Control of the Co		95 7	in Code	
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 and familiar with, and accept the obligations of, Section 607-0505, Florida Statutes.  SIGNATURE    Signature, Dread or perfect and or displained agent and title it applicable.   NOTE Registered Agent spinature required when reinitiating)   DATE					] ~	my	FL	**	ip Oode	]
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TITLE		Signature, typed or printers name of registered agent and tille it applics	able (NOTE Reg	stered Age	ent sk	dynature required when reinstating)	DATE			— Ì
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14. Thereby 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 info indicated on this annual report or supplientental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I a 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 appear Block 12 or Block 13 if changed, or on an appearing with an address. SIGNATURE: 4-28-98 (850) 654-133	n									

Country

Name

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