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

CITY-ST-ZIP

SIGNATURE:

May 07 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 694690 (9)THE TACKLE BOX PRO SHOP, INC. Principal Place of Business Mailing Address 619 HWY 19S 619 HWY 19S PALATKA FL 32177-3944 PALATKA FL 32177-3944 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/15/1981 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2119796 21 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 **Z**ip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes □ No 24 25 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent Name CLARK, JOHN RT 5 BOX 2231 82 Street Address (P.O. Box Number is Not Acceptable) PALATKA FL 32177 83 City Zip Code 85 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition PRESIDENT Change TITLE 1.1 TITLE JOHN CLARK CLARK, CHARLES NAME 1.2 NAME RTS BOX 2231 1906 SE 12TH STREET STREET ADDRESS 1.3 STREET ADDRESS PATATKA FL. 32177 VICE-PRESIDENT **GAINESVILLE FL 32641** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change **Addition** TITLE 2.1 TITLE JUDY C. Da emer 1809 SE 10 THERR CLARK, JOHN NAME 2.2 NAME RT 5 BOX 2231 STREET ADDRESS 2.3 STREET ADDRESS PALATKA FL 32177 GAINESUILLE, FL 32641 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP THLE DELETE 6.1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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

FILED

352-372-1791