

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **732711**

(7)

1. Corporation Name

THE FISHING GLADIATORS, INC.



Principal Place of Business

Mailing Address

**3026 PARKRIDGE DR.
TALLAHASSEE FL 32310**

**3028 PARKRIDGE DR.
TALLAHASSEE FL 32310**

3. Date Incorporated or Qualified
05/08/1975

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~LUNAN, HUGH
3029 TIPPERARY DR
TALLASSEE FL~~

81 Name

PRINCE HINSON, JR

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

3028 PARKRIDGE DR.

83

84 City

TALLAHASSEE

FL

85 Zip Code

32310

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Prince Hinson, Jr. **PRINCE HINSON, JR.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/1/96
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **HINSON JR, PRINCE**
STREET ADDRESS **3028 PARKRIDGE DR**
CITY - ST - ZIP **TALLAHASSEE FL 32310**

TITLE ~~PD~~ ☒ DELETE
NAME ~~LUNAN, HUGH~~
STREET ADDRESS ~~3029 TIPPERARY DR~~
CITY - ST - ZIP ~~TALLAHASSEE FL 32308~~

TITLE **STD** ☐ DELETE
NAME **TAYLOR, VERNAL**
STREET ADDRESS **2603 GUNN ST.**
CITY - ST - ZIP **TALLAHASSEE FL 32310**

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 **VP** ☐ Change ☒ Addition
1.2 NAME **VICE PRESIDENT**
1.3 STREET ADDRESS **JULIUS WYNN**
1.4 CITY - ST - ZIP **1206 ALLISON ST. 32310**
TALLAHASSEE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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 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(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Prince Hinson, Jr. **PRINCE HINSON, JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96
DATE

599-3685
Daytime Phone #

CR2E037 (12/95)