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Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734558 (0)

1. Corporation Name

OLD SALT FISHING CLUB, INC.

Principal Place of Business

Mailing Address

4980 52ND ST. NORTH
ST PETERSBURG FL 33709
US4980 52ND ST NORTH
ST. PETERSBURG FL 33709-3722
US3. Date Incorporated or Qualified
12/10/19753a. Date of Last Report
03/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

27

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number
NOT APPLICABLEApplied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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

FOX, GEORGE E.
4980 52ND STREET NORTH
ST. PETERSBURG FL 33709

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	AUTENREITH, AL	
STREET ADDRESS	4725 COVE CIR APT 811	
CITY - ST - ZIP	ST. PETERSBURG FL	

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	HANSCHMIDT, LARRY	
STREET ADDRESS	6701 BRYAN DAIRY RD, #413	
CITY - ST - ZIP	LARGO FL	

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

TITLE	T	<input type="checkbox"/> DELETE
NAME	FOX, GEORGE E.	
STREET ADDRESS	4980 52ND ST NORTH	
CITY - ST - ZIP	ST PETERSBURG FL	

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

TITLE	VP	<input type="checkbox"/> DELETE
NAME	DIMTER, ART	
STREET ADDRESS	8625 ORIOLE LANE	
CITY - ST - ZIP	LARGO FL	

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	TERNES, MARK	
STREET ADDRESS	7084 65TH ST NORTH	
CITY - ST - ZIP	PINELLAS PARK FL	

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

TITLE	S	<input type="checkbox"/> DELETE
NAME	DELUCA, LORIE	
STREET ADDRESS	10182 128TH TERR NORTH	
CITY - ST - ZIP	LARGO FL	

6.1 TITLE	Vice President VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

George E. Fox T George E. Fox 1/13/97 813-525-2049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050586

CR2E037 (9/96)