

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739211 (1)

1. Corporation Name
FLORIDA KEYS FISHING GUIDES ASSOCIATION INC.

Principal Place of Business Mailing Address
P.O. BOX 936 ISLAMORADA FL 33036 P.O. BOX 936 ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/02/1977 3a. Date of Last Report 06/21/1994
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
HAGOOD, RICHARD A.
309 PALM AVE.
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent
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 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 P
NAME COLLINS, MICHAEL
STREET ADDRESS 138 ROYAL LA.
CITY-ST-ZIP ISLAMORADA FL
TITLE SD
NAME BIEH, BARRY
STREET ADDRESS 130 W PIPPIN
CITY-ST-ZIP ISLAMORADA FL
TITLE D
NAME PRIBYL, MATT
STREET ADDRESS P. O. BOX 844 WA
CITY-ST-ZIP LONG KEY FL
TITLE VD
NAME HAGOOD, DICK
STREET ADDRESS 309 PALM AVE
CITY-ST-ZIP ISLAMORADA FL
TITLE D
NAME KIPP, JOHN
STREET ADDRESS 69401 OVERSEAS HWY
CITY-ST-ZIP LONG KEY FL
TITLE TD
NAME BRYANT, SID
STREET ADDRESS SOUTH HAMMOCK DR.
CITY-ST-ZIP ISLAMORADA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME SD VIEH, BARRY
2.3 STREET ADDRESS 130 PIPPIN
2.4 CITY-ST-ZIP ISLAMORADA, FL
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 110.07(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 recorder 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:

Barry Vieh BARRY VIEH

2/21/95

852-8351

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Myline Item #