## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

1996		G0 11	DIVISION OF C			ATIONS				
DOCUM 1. Corporation I	/ENT	# 76824	ſ	(2)	•					
		RT FISHING CLUE	B, INC.							
Principal Place of Business Mailing Address								H INDIII HOEIE WAEN INIID NON DINDI		141 01914 01841 1901
3007 WOODPINE CIRCLE SARASOTA FL 34231				3007 WOODPINE CIRCLE SARASOTA FL 34231						
								3. Date Incorporated or Qualified 05/03/1983	3a. Date of La 03/20	1995
	2. Principal Place of Business  SAME			2a. Mailing Address 26 SAME				4. FEI Number APPLICABLE	PLICABLE Applied For Not Applicable	
	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State			Cit	City & State				6. Election Campaign Financing	55.00 May Be	
<b>23</b> Z <sub>IP</sub>	Zip Country			Zip Country				Trust Fund Contribution  Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,		
24		25 and Address of Curren	29	nd Agent	30		<u></u>		Yes Y No	J. 155.00E,
			t riogistore	a Aguin		81 Name		TO. Hallie and Maddes Of Heat M	Misteran Water	
ROGER, REGENSBURG 3007 WOODPINE CIRCLE						82 Street A	ddres	ss (P.O. Box Number is Not Acceptabl	9)	
SARASOTA FL 34231						83			·	
						84 City			FL 85	Zip Code
11. Pursuant to	the provisi	ons of Sections 617.0502	and 617.15	08, Florida Statut	es, the ab	ve-named corp	porati	ion submits this statement for the purp	ose of changing it	s registered office
_	n, and acce		~	li .			oard	of directors. I hereby accept the appo	intment as register	eo agent. i am
	Roge Signature, typeo	or printed name of registered agent		able (NC	TE: Registere	Gent signature req	uired w		DATE DATE	176
12.	-р	OFFICERS AN	D DIRECTO	RS □DELETE	1.1.1			ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	
NAME	ROBERT		MADD	_	1.21	ME				
STREET ADDRESS CITY-ST-ZIP	SARAS(	onstitution boule Ota fl	YAKU		1.3 S 1.4 (	EET ADDRESS S1 - ZIP				
TITLE	DECEM	Spline nocen		DELETE	2.11			,	Chang	e 🔲 Addition
NAME STREET ADDRESS		SBURG, ROGER OODPINE CR			2.21					
CITY-SI-ZIP	SARASO	OTA FL			2 4					
TITLE NAME	D Lutz, P	ETE		DELETE	31				Chang	e 🔲 Addition
STREET ADDRESS		ASS CIRCLE			3.3	LT ADDRESS				
CITY-ST-ZIP TILLE	SARASI	JIM FL		DELETE	34.	-ST-ZIP			Chang	e 🔲 Addition
NAME		N, JERRY		_	4. 2	ΛE				
STREET ADDRESS CITY-ST-ZIP	SARAS	OODLAND DRIVE OTA FL			4.3					
TITLE	8	· · · · · · · · · · · · · · · · · · ·		DELETE	5.1	-31-21			☐ Chang	e Addition
NAME STREET ADDRESS		I, BECKY HARING CROSS RD.			5.2 5.3					
CITY-ST-ZIP	SARAS				5.4	1				
TITLE NAME				DELETE	61 62	E			Chang	ge 🔲 Addition
STREET ADDRESS					63					
City-St-ZiP	v certify that	t the information supplied	with this filin	ng is voluntarily fur	64 nished and		ifv for	the exemption stated in Section 119.	07(3)(k), Florida Sta	itutes. I further
certify that oath; that I	the informa Lam an offic	ition indicated on this ann eer or director of the corp	ual report or oration or th	r supplemental and e receiver or truste	nual report se empow	true and acc	curate	e and that my signature shall have the report as required by Chapter 617, Fk	same logal effect a	s if made under
		r Block 18 K changed, or		) /	^		_	0111		a ar mad
SIGNATURE: Thomas The Monte of Spring OFFICER OR PRINTED HAME OF SPRINTED HAME OF SPRING OFFICER OR PRINTED HAME OF SPRINTED							hon	nos tagousburg 1/16/9	6 941) 921- Daytime Ph	1536