## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # F9400001264 (0)

HOWARD'S FISHING EXCURSIONS, INC.									
Principal Place o	f Business	Mailing Address				1 10 0310 0 1110 10111 01011 0 0011 0 0011	I MEDIT MAREL DI	<b>VIVI 11818</b> 1181	IA Baiet Bial IAAI
LOT 552, HEATH AVE. SUWANEE FL 32692 US		P.O. BOX 297 SUWANEE FL 32692 US							
00		00				3. Date Incorporated or Qualified 03/14/1994		of Last Re 3/06/19	•
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number	1		Applied For
		26 Cuita Asil # sta	<u> </u>			59-3212124	59-3212124   Not Applicable		
Sute, Apl. #, etc.		Suite, Apt. #, etc.	Suite, Apr. #, etc.			5. Certificate of Status Desired	DQ.		Required
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
3		28	1 6			Trust Fund Contribution			to Fees
Ζφ. <b>4</b> }	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
<u> </u>	9. Name and Address of Currer		1001			10. Name and Address of New R		Agent	
				81	Name				
	on, Howard H		82 Street Addr			SS (P.O. Box Number is Not Acceptab	le)		
	HEATH AVE.			83					
SUWANE	E FL 32692							11 -	0.1
				84	City		FL	85 Zip	o Code
SIGNATURE SI	PT	t and title if applicable. [NCID DIRECTORS]	OTE: Reg stered 13.		nt signaturo required v	when reinstaling) ADDITIONS/CHANGES TO OFF		DIRECTO	PRS IN 12
NAME STREET ADORESS	HAMILTON, HOWARD H LOT 552, HEATH AVE.		1.23		ADDRESS				
CITY-ST-ZIP	SUWANEE FL		1.4 City-St-ZiP 2 1 Title				·····	Change	☐ Addition
NAME	HAMILTON, THELMA J	Д	22 NAME				•	_, ,	_
STHEET ADDRESS	LOT 552, HEATH AVE.	2		2 3 STREET ADORESS					
CITY - \$1 - ZIP	SUWANEE FL	FT DEVETE	2.4 CITY 3. 1 TITL		S1-ZIP	☐ Change ☐		Addition	
NAME		DELETE	3.1				1	Change	☐ Addition
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City - St - ZiP			3.4 (	HY-	ST- <b>Z</b> 1P				
TIFLE		☐ DELETE	4.1	TITLE			l	☐ Change	Addition
NAME				IAME					
STREET ADDRESS					T ADDRESS				
DILY ST-ZIP	to the same to the first of the same state of th	☐ DELETE		TITLE	ST-ZIP			Change	Addition
NAME		Doctor		IAME			'		
STREET ADDRESS			1		1 ADDRESS				
CITY-SI-ZIP					ST-ZIP				
THLE			6 1	1 TITLE				☐ Change	☐ Addition
NAME			6.2	MAN					
STREET ADDRESS					r address				
CITY-S1-ZIF	andife that the information a maked	with this filing is valuntarily for			ST-ZIP	r the exemption stated in Section 119	107/3Vk) El	orida Statu	tes Liurther
certify that	the information indicated on this ann	nual report or supplemental ani oration or the receiver or trusts	nual report ea emnow	is tr ered	rue and accurati I to execute this	e and that my signature shall have the report as required by Chapter 607, F	same lega	il effect as i	f made under