

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 17 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # F94000001264 (0)**

1. Corporation Name  
**HOWARD'S FISHING EXCURSIONS, INC.**



Principal Place of Business Mailing Address  
**LOT 552, HEATH AVE.  
SUWANEE FL 32692  
US** **P.O. BOX 297  
SUWANEE FL 32692-0297  
US**

3. Date Incorporated or Qualified **03/14/1994** 3a. Date of Last Report **01/23/1996**

2. Principal Place of Business Mailing Address  
21 **SUWANEE FL** 26 **P.O. BOX 297**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **LOT 552** 27 **LOT 552**  
City & State City & State  
23 **SUWANEE FL** 28 **SUWANEE FL**  
Zip Country Zip Country  
24 **32692** 25 **USA** 29 **32692** 30 **USA**

4. FEI Number **59-3212124** 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  
**HAMILTON, HOWARD H  
LOT 552 HEATH AVE.  
SUWANEE FL 32692**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>HAMILTON, HOWARD H</b>	
STREET ADDRESS	<b>LOT 552, HEATH AVE.</b>	
CITY - ST - ZIP	<b>SUWANEE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HAMILTON, THELMA J</b>	
STREET ADDRESS	<b>LOT 552, HEATH AVE.</b>	
CITY - ST - ZIP	<b>SUWANEE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on any attachment, with an address.

SIGNATURE: **Howard H. Hamilton**  
**Thelma J. Hamilton**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**13 APR 1997 3525423278**

CR2E034 (9/96)