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CORPORATION ANNUAL REPORT

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Secretary of State DIVISION OF CORPORATIONS

FILED Mar 29, 1999 8:00 am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE Katherine Harris 1999

03-29-1999 90078 008 ***150.00

	ROD SHOP, INC.								
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Principal Place	e of Business	Mailing Address				-			BAN BIBIN BABIN ABBA
% FRED STEAD % FRED STEAD									
15115 NORTH 15TH ST. 15115 NORTH 15TH ST. LUTZ FL 33549 LUTZ FL 33549						DO NOT WRITE I	N THIS S	PACE	
LU12 FL 33349		LUIZ FL 30049				3. Date Incorporated or Qualifed			
-	<u></u>	_	_			03/02/1984	•-	_	
Principal Place of Business 2a. Mailing Address			_			4. FEI Number			Applied For
21 26						59-2434594			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			_			5. Certificate of Status Desired	7		5 Additional
22 27						5. Certificate of Status Desired		Fee	Required
City & State City & State						6. Election Campaign Financing	7		00 May Be
23 28						Trust Fund Contribution		Add	ed to Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes the current			□No
24	25	29	[30]			Personal Property Tax.		Yes	LINO
	9. Name and Address of Curren	nt Registered Agent	_ -	B1 Na	ıme	10. Name and Address of New Regi	stered A	Aeur	
STEA	AD, FRED		\ \frac{1}{2}	140					
	15 NORTH 15TH ST.		[82 St	reet Addre	ess (P.O. Box Number is Not Acceptable)		
	Z FL 33549		H	83					
				5					
			- [84 Cit	ty		FL	85 2	Zip Code
	to the second se	22 and 607 1500. Florida Statut	os the ab	040-001	mad corno	pration submits this statement for the pur	nose of c	<u>l l</u> hanging	its registered
l office or n	egistered agent, or both, in the State	of Florida. Such change was a	utnorizea	by the (corporation	n's board of directors. I hereby accept th	e appoint	ment as	s registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	nda Statu	les.	•				
010111717									
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered A	gent sign	ature required	when reinstating)	DATE		
	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE	: Registered /	Agent sign	ature required	when reinstating) ADDITIONS/CHANGES TO OFFIC		DIREC	CTORS IN 12
12.					ature required			DIREC	
12.	OFFICERS AN	ID DIRECTORS	13.	.E	atwe required				
12.	PD STEAD, FRED	ID DIRECTORS	13. 1.1 TITL 1.2 NAM	.E					
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14. I 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: