

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****DOCUMENT # J39351 (8)**

1. Corporation Name

PADDLE TAIL FISHING LURES, INC.

Principal Place of Business

**HIGHWAY 27 SOUTH
P.O. BOX 1601
PERRY FL 32347**

Mailing Address

**HIGHWAY 27 SOUTH
P.O. BOX 1601
PERRY FL 32347****APPROVED
AND
FILED****95 APR 20 AM 11:12****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/24/1985

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2731067

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**6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ROBERTS, JOE R.
505 PLANTATION RD.
PERRY FL 32347**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	HART, SHEILA S.
STREET ADDRESS	309 GLENRIDGE RD.
CITY - ST - ZIP	PERRY FL
TITLE	D
NAME	SAVERS, ROBERT D.
STREET ADDRESS	GOLF COURSE RD.
CITY - ST - ZIP	PERRY FL
TITLE	D
NAME	ROBERTS, JOE R.
STREET ADDRESS	505 PLANTATION RD.
CITY - ST - ZIP	PERRY FL
TITLE	STD
NAME	ROBERTS, JOSEPH R, III
STREET ADDRESS	JOHNSON-STRIPLING RD.
CITY - ST - ZIP	PERRY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Sec. Treas.	☐ Change ☐ Addition
1.2 NAME	Sue Roberts	
1.3 STREET ADDRESS	505 Plantation Rd.	
1.4 CITY - ST - ZIP	Perry, Florida 32347	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	VD	☐ 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 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.

SIGNATURE:**Sue Roberts**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/13/95**

Date

904/584-4573

Telephone Number