

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J88511 (7)

1. Corporation Name

CAPT. JOHN CARLISLE'S TACKLE BOX, INC.



Principal Place of Business

Mailing Address

% CARLA CARLISLE
HIGHWAY 29, SHELL MOUND
EVERGLADES CITY FL 33925

% CARLA CARLISLE
HIGHWAY 29, SHELL MOUND
EVERGLADES CITY FL 33925

3. Date Incorporated or Qualified

08/20/1987

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLISLE, CARLA
HIGHWAY 29
SHELL MOUND
EVERGLADES CITY FL 33925

1. Name

2. Street Address (P.O. Box Number is Not Acceptable)

3.

4. 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:

Carla Carlisle
Signature typed or printed name of registered agent and the, if applicable

President
(NOTE: Registered agent signature required when reinstating)

3-15-96
DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
D	CARLISLE, CARLA	HWY. 29 SHELL MOUND	EVERGLADES CITY FL	<input type="checkbox"/>
D	CARLISLE, JOHN	HWY. 29 SHELL MOUND	EVERGLADES CITY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. DELETED
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLA CARLISLE

PRESIDENT

941-695-2244

Daytime Phone #

CR2E034 (12/95)