

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K52971 (4)
1. Corporation Name
THE BAIT SHACK, INC. OF VOLUSIA COUNTY

Principal Place of Business Mailing Address
79 EAST DUNLAWTON AVENUE 79 EAST DUNLAWTON AVENUE
PORT ORANGE FL 32127 PORT ORANGE FL 32127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/21/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2930125	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCCARVER, DOUGLAS A. 6154 HALFMOON DRIVE PORT ORANGE FL 32127		10. Name and Address of New Registered Agent 81 Name DENNIS J. SCACCIA 82 Street Address (P.O. Box Number is Not Acceptable) 1116 KANE DR 83 84 City PORT ORANGE FL 85 Zip Code 32119	
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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, in 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 *Dennis J. Scaccia* VPT

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	MCCARVER, DOUGLAS A.	1.2 NAME	SCACCIA, JOSEPH
STREET ADDRESS	79 E. DUNLAWTON AVE.	1.3 STREET ADDRESS	5783 DOGWOOD RD.
CITY-ST-ZIP	PT. ORANGE FL	1.4 CITY-ST-ZIP	PORT ORANGE FL 32127
TITLE	VP	2.1 TITLE	VT
NAME	FORGRAVES, CHARLES E.	2.2 NAME	SCACCIA, DENNIS J.
STREET ADDRESS	79 E. DUNLAWTON AVE.	2.3 STREET ADDRESS	1116 KANE DR
CITY-ST-ZIP	PT. ORANGE FL	2.4 CITY-ST-ZIP	PORT ORANGE FL 32119
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Dennis J. Scaccia 4/21/98 904/767-4270

CR2E034 (10/97)