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Apr 14 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 # K68450 (1)

1. Corporation Name  
FLORIDA FLY FISHING COMPANY, INC.

Principal Place of Business  
C/O J. GALT ALLEE  
1704 THOMASVILLE ROAD, SUITE 126  
TALLAHASSEE FL 32303

Mailing Address  
C/O J. GALT ALLEE  
1704 THOMASVILLE ROAD, SUITE 126  
TALLAHASSEE FL 32303-5759



3. Date Incorporated or Qualified 02/24/1989  
3a. Date of Last Report 04/18/1996

2. Principal Place of Business  
21 13426 N. MERIDIAN RD. 26 13426 N. MERIDIAN RD. 59-2932697  
Suite, Apt. #, etc.  
22  
27

City & State  
23 TALLAHASSEE FLA 28 TALLAHASSEE FLA  
Zip  
24 32312 25 LEON 29 32312 30 LEON  
6. 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

10. Name and Address of New Registered Agent

ALLEE, J. GALT  
804 LAKESHORE DRIVE  
TALLAHASSEE FL 32312

81 Name ALLEE, J. GALT  
82 Street Address (P.O. Box Number is Not Acceptable)  
1401 CENTERVILLE ROAD, Suite 800  
83  
84 City TALLAHASSEE FL 85 Zip Code 32308

11. Pursuant to the provisions of Sections 607.0502 and 607.4508, 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]* DATE 4-8-97  
(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	ALLEE, J. GALT	1.2 NAME	ALLEE, J. GALT
STREET ADDRESS	804 LAKESHORE DR.	1.3 STREET ADDRESS	1401 CENTERVILLE ROAD SUITE 800
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALLAHASSEE, FLA 32308
TITLE	DST	2.1 TITLE	DST
NAME	DAVIS, J. DANIEL	2.2 NAME	DAVIS, J. DANIEL
STREET ADDRESS	804 LAKESHORE DR.	2.3 STREET ADDRESS	1401 CENTERVILLE ROAD
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE, FLA 32308
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 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, or in an attachment with an address.

SIGNATURE: *[Signature]* ALLEE, J. GALT 4/8/97 904-893-7772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)