

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

**FILED**  
**Mar 18 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 # K84260**

**(4)**

1. Corporation Name:  
**BASS ANGLERS GUIDE SERVICE, INC.**



Principal Place of Business:

Mailing Address:

**6526 STATE RD #535  
 WINDERMERE FL 34786**

**6526 STATE RD #535  
 WINDERMERE FL 34786**

2. Principal Place of Business:

2a. Mailing Address:

21. Suite, Apt. #, etc:

26. Suite, Apt. #, etc:

22. City & State:

27. City & State:

23. Zip Country:

28. Zip Country:

24. Zip Country:

29. Zip Country:

9. Name and Address of Current Registered Agent

**BURKE, ROBERT E JR  
 6526 STATE RD #535  
 WINDERMERE FL 32786**

81. Name:

82. Street Address (P.O. Box Numbers Not Acceptable):

83.

84. City:

FL 85. Zip Code:

11. Pursuant to the provisions of Sections 607.02(2) and 607.15(6), 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. Tax number will remain the same as listed in Sections 607.02(2) Florida Statutes.

SIGNATURE: *[Signature]*

*RE Burke Jr*

*3/14/97*

12. OFFICERS AND DIRECTORS

|                |                           |                                  |
|----------------|---------------------------|----------------------------------|
| TITLE          | <b>D</b>                  | <input type="checkbox"/> DELETED |
| NAME           | <b>BURKE, ROBERT E JR</b> |                                  |
| STREET ADDRESS | <b>6526 ST RD #535</b>    |                                  |
| CITY- ST- ZIP  | <b>WINDERMERE FL</b>      |                                  |
| TITLE          |                           | <input type="checkbox"/> DELETED |
| NAME           |                           |                                  |
| STREET ADDRESS |                           |                                  |
| CITY- ST- ZIP  |                           |                                  |
| TITLE          |                           | <input type="checkbox"/> DELETED |
| NAME           |                           |                                  |
| STREET ADDRESS |                           |                                  |
| CITY- ST- ZIP  |                           |                                  |
| TITLE          |                           | <input type="checkbox"/> DELETED |
| NAME           |                           |                                  |
| STREET ADDRESS |                           |                                  |
| CITY- ST- ZIP  |                           |                                  |
| TITLE          |                           | <input type="checkbox"/> DELETED |
| NAME           |                           |                                  |
| STREET ADDRESS |                           |                                  |
| CITY- ST- ZIP  |                           |                                  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                 |                                   |
|--------------------|---------------------------------|-----------------------------------|
| 17. NAME           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 18. STREET ADDRESS |                                 |                                   |
| 19. CITY- ST- ZIP  |                                 |                                   |
| 20. NAME           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 21. NAME           |                                 |                                   |
| 22. STREET ADDRESS |                                 |                                   |
| 23. CITY- ST- ZIP  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 24. NAME           |                                 |                                   |
| 25. STREET ADDRESS |                                 |                                   |
| 26. CITY- ST- ZIP  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 27. NAME           |                                 |                                   |
| 28. STREET ADDRESS |                                 |                                   |
| 29. CITY- ST- ZIP  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 30. NAME           |                                 |                                   |
| 31. STREET ADDRESS |                                 |                                   |
| 32. CITY- ST- ZIP  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 33. NAME           |                                 |                                   |
| 34. STREET ADDRESS |                                 |                                   |
| 35. CITY- ST- ZIP  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 36. NAME           |                                 |                                   |
| 37. STREET ADDRESS |                                 |                                   |
| 38. CITY- ST- ZIP  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 39. NAME           |                                 |                                   |
| 40. STREET ADDRESS |                                 |                                   |
| 41. CITY- ST- ZIP  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 42. NAME           |                                 |                                   |
| 43. STREET ADDRESS |                                 |                                   |
| 44. CITY- ST- ZIP  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 45. NAME           |                                 |                                   |
| 46. STREET ADDRESS |                                 |                                   |
| 47. CITY- ST- ZIP  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 48. NAME           |                                 |                                   |
| 49. STREET ADDRESS |                                 |                                   |
| 50. CITY- ST- ZIP  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

14. I do hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental financial report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 of this report or is attached thereto with an address.

SIGNATURE: *[Signature]* **RE Burke Jr** *3/14/97*

CR2007(9/86)