

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

APPROVED
AND
FILED

95 APR 18 PM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L17299** (3)

1. Corporation Name

LONGLINE FISHING SUPPLY, INC.

Principal Place of Business

**100 S.E. 20TH AVE.
POMPANO BEACH FL 33060**

Mailing Address

**100 S.E. 20TH AVE.
POMPANO BEACH FL 33060**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/13/1989

3a. Date of Last Report

02/23/1994

4. FEI Number

65-0142298

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**

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

2. Principal Place of Business

21 11 S.E. 20th AVE

2a. Mailing Address

26 11 S.E. 20th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 POMPANO BEACH, FL

City & State

28 POMPANO BEACH FL

Zip

24 33060

Country

25 USA

Zip

29 33060

Country

30 USA

9. Name and Address of Current Registered Agent

**WHSTUTZ, FLOYD
2280 SE 8TH CT
POMPANO BEACH FL 33062**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHSTUTZ, SANDRA
STREET ADDRESS	2280 SE 8TH CT.
CITY - ST - ZIP	POMPANO BCH FL
TITLE	DP
NAME	WHSTUTZ, FLOYD
STREET ADDRESS	2280 SE 8TH CT
CITY - ST - ZIP	POMPANO BCH FL
TITLE	D
NAME	WITKOWSKI, KAREN
STREET ADDRESS	250 S CYPRESS RD, #517
CITY - ST - ZIP	POMPANO BEACH FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	Vice President/DIRECTOR	Change ☐ Addition ☐
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
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		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, unchanged, or as an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/14/95 305-785-0888
Exempt From Fee