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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

L80964 DOCUMENT #

(4)

GRAY'S TACKLE AND GUIDE SERVICE, INC.

Fillicipal Place	e or business	Malling Address					
C/O ROBERT L. GRAY 207 GULF BREEZE PARKWAY GULF BREEZE FL 32561		C/O ROBERT L. GRAY 207 GULF BREEZE PARKWAY GULF BREEZE FL 32561		DO NOT WRITE IN	THIS SPACE		
					3. Date Incorporated or Qualified 07/01/1990	<del>- v</del>	
9 Principal D	lane of Duciness	On Maritime Autoria				<del></del> , ,	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		plied For
21		26			59-3017671	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	g \$8. <b>7</b> 5 /	
22		27			Fee Re	equired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23	<del></del>	28	<del></del>		Trust Fund Contribution	Added t	to Fees
Zip <sub>.</sub>	Country	Ζφ	L Cou	ntry	8. This corporation owes or has paid the		
24	25	29	30		Personal Property Tax due June 30.		] No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Regist	tered Agent	
GR/	AY, ROBERT L			81 Name			
	OULF BREEZE PARKWAY			82 Street	Address (P.O. Box Number is Not Acceptable)	<del></del>	
GU	LF <b>B</b> REEZE FL 32561			ourcor	Address (1.0. Dox Hamber is Not Acceptable)		
				83			
				64 City		FL 85 Zip (	Code
11. Pursuant to	to the provisions of Sections 607.09 egistered agent, or both, in the Sta	502 and 607 1508, Florida S ite of Florida, Such change	Statutes, the all was authorize	pove-named by the cor	corporation submits this statement for the purp poration's board of directors. I hereby accept th	ose of changing its	s registered registered
agent. I ar	m tamular with, and accept the obl	igations of Section 607.050	15 Florida Stat	utee			١
CIONIATUDE			oo, i londa olai	uios.	_	2-90	
SIGNATURE	Kobert L. Gr	VAS			3-	2-98 DATE	
SIGNATURE	Kobest L: Gra	VAS			_		S IN 12
	Kobest L: Gra	agent and title if applicable	(NOTE Registered	f Agent signature	3 - g required when reinstaling)		S IN 12
12.	Signature, typod or printed name of registered a OFFICERS A	agent and tellouf applicable	(NOTE Registered	1 Agent signature	3 - g required when reinstaling)	S AND DIRECTOR	
12. TITLE	Signature, typed or punted name of registered a OFFICERS A	agent and tellouf applicable	(NOTE Registered 13. E 1.1 Ti	d Agent signature LE ME	3 - g required when reinstaling)	S AND DIRECTOR	
12. TITLE NAME STREET ADDRESS	Signature, typod or printed name of registered a OF FICERS A D GRAY, ROBERT L.	agent and tellouf applicable	(NOTE Registered  13. E 1.1 TI  1.2 N/  1.3 ST	d Agent signature LE ME REET ADDRESS	3 - g required when reinstaling)	S AND DIRECTOR	
12. TITLE NAME	Signature, typed or punted name of registered a OFFICERS A  B GRAY, ROBERT L. 207 GULF BREEZE PKWY	agori and lefe e' appl cable  ND DIRECTORS  DELET	(NOTE Registered 13. E 1.1 TI 1.2 NA 1.3 ST 1.4 CI	d Agent signature LE ME REET ADDRESS IY-ST-ZIP	3 - g required when reinstaling)	S AND DIRECTOR  Change	Addition
12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	Signature hypod or printed name of registered a  OFFICERS A  ORAY, ROBERT L.  207 GULF BREEZE PKWY  GULF BREEZE FL  D	agent and tellouf applicable	(NOTE Registered 13. E 1.1 TI 1.2 NA 1.3 ST 1.4 CI E 2.1 TI	LE ME REET ADDRESS IY-ST-ZIP	3 - g required when reinstaling)	S AND DIRECTOR	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature hypod or printed name of registered a  OFFICERS A  D  GRAY, ROBERT L.  207 GULF BREEZE PKWY  GULF BREEZE FL  D  GRAY, MARGARET A.	agori and lefe e' appl cable  ND DIRECTORS  DELET	(NOTE Registered  13. E 1.1 TI 1.2 NA 1.3 ST 1.4 CI E 2.1 TI 2.2 NA	d Agent signature LE LME REET ADDRESS IY-ST-ZIP LE	3 - g required when reinstaling)	S AND DIRECTOR  Change	Addition
12. TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS	Signature hypod or printed name of registered a  OFFICERS A  D  GRAY, ROBERT L.  207 GULF BREEZE PKWY  GULF BREEZE FL  D  GRAY, MARGARET A.  207 GULF BREEZE PKWY	agori and lefe e' appl cable  ND DIRECTORS  DELET	(NOTE Registered  13. E 1.1 TF 1.2 N/ 1.3 ST 1.4 CF E 2.1 TF 2.2 N/ 2.3 ST	LE Agent signature LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS	s required when reinstating)  ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR  Change	Addition
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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.

**FILED** 

Apr 30 1998 8:00am

Secretary of State