

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90050 013 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L80964 VOK
1. Corporation Name
GRAY'S TACKLE AND GUIDE SERVICE, INC.

Principal Place of Business
C/O ROBERT L. GRAY
207 GULF BREEZE PARKWAY
GULF BREEZE FL 32561

Mailing Address
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

4. FEI Number
59-3017671

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 GRAY'S TACKLE AND GUIDE SVC

2a. Mailing Address

28 GRAY'S TACKLE AND GUIDE SVC

Suite, Apt. #, etc.

27 13019 Sorrento Road

City & State

28 Pensacola Florida

Zip

29 32507

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

GRAY, ROBERT L.
207 GULF BREEZE PARKWAY
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name ROBERT L. GRAY
82 Street Address (P.O. Box Number is Not Acceptable)
13019 Sorrento Road
83 Pensacola Florida
84 City

FL 85 Zip Code
32507

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 title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GRAY, ROBERT L.
STREET ADDRESS 207 GULF BREEZE PKWY
CITY-ST-ZIP GULF BREEZE FL

TITLE D
NAME GRAY, MARGARET A.
STREET ADDRESS 207 GULF BREEZE PKWY
CITY-ST-ZIP GULF BREEZE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)