

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90058 047 \*\*\*150.00

DOCUMENT # L86411

1. Corporation Name  
SEAFARER FISHING PRODUCTS, INC.

Principal Place of Business

756 BEACHLAND BLVD  
VERO BEACH FL 32909

Mailing Address

756 BEACHLAND BLVD  
VERO BEACH FL 32909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1990

4. FEI Number

65-0207147

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 5070 NORTH Hwy AIA

Suite, Apt. #, etc.

22 SUITE 200

City & State

23 VERO BEACH, FL

Zip

24 32963

Country

25 USA

2a. Mailing Address

26 5070 NORTH Hwy AIA

Suite, Apt. #, etc.

27 SUITE 200

City & State

28 VERO BEACH, FL

Zip

29 32963

Country

30 USA

9. Name and Address of Current Registered Agent

MOORE, JOHN E III

756 BEACHLAND BLVD  
VERO BEACH FL 32909

10. Name and Address of New Registered Agent

81 Name MOORE, JOHN E. III

82 Street Address (P.O. Box Number is Not Acceptable)

5070 NORTH Hwy AIA SUITE 200

83

84 City VERO BEACH

FL

85 Zip Code 32963

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME JOHNSTON, ALBERT S IV

STREET ADDRESS 6645 110TH PLACE

CITY-ST-ZIP SEBASTIN FL 32958

TITLE VD ☐ DELETE

NAME JOHNSTON, ALBERT S III

STREET ADDRESS 4350 US HWY 1

CITY-ST-ZIP VERO BEACH FL 32967

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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

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 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 REQUIRED

3-8-99

Date

569 3393

Daytime Phone #

CR2E034 (11/98)