

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 7:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L91906** (2)

1. Corporation Name

SELECT SPORTFISHING PACKAGES, INC.

Principal Place of Business

7050 S. TAMiami TR.
SUITE
SARASOTA FL 34231
US

Mailing Address

P.O. BOX 20621
SARASOTA FL 34276-3621

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/03/1990

3a. Date of Last Report

04/22/1994

4. FEI Number

91-1387100

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

5. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 7628 S. Tamiami

2a. Mailing Address

26 1614 Caribbean

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Sarasota FL

27 City & State

28 Sarasota FL

24 Zip

34231

25 Country

25 Sarasota

29 Zip

34231

30 Country

30 Sarasota

9. Name and Address of Current Registered Agent

SPEARMAN, BETH J.
1614 CARIBBEAN DR.
SARASOTA FL 34231

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

Beth Spearman

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering.

DATE

4.24.95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SPEARMAN, BETH J.
STREET ADDRESS	1614 CARIBBEAN DR.
CITY - ST - ZIP	SARASOTA FL
TITLE	VST
NAME	RUDD, EDWARD S.
STREET ADDRESS	1614 CARIBBEAN DR.
CITY - ST - ZIP	SARASOTA 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	☐ 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)(h), 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.

SIGNATURE:

Beth Spearman

Signature and typed or printed name of signing officer or director

Beth Spearman

Date

4/24/95

Typed Name

813
925 7345