SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
'95 JUL 11 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M66555** (7)

1. Corporation Name
THE BAIT HOUSE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% CHARLES JOHN POLLICK 45 CAUSEWAY BLVD CLEARWATER BCH FL 34630 US	% CHARLES JOHN POLLICK ~~1173 N.E. CLEVELAND ST.~~ ~~CLEARWATER FL 34615~~ CHANGE TO:

3. Date Incorporated or Qualified: 01/28/1988
3a. Date of Last Report: 05/01/1994

21 2. Principal Place of Business
26 2a. Mailing Address: P.O. Box 3025

4. FEI Number: 59-2860870 ☐ Applied For ☐ Not Applicable

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

23 City & State
28 City & State: Clearwater Florida

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 Zip
25 Country
29 Zip: 34630
30 Country: USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POLLICK, CHARLES JOHN ~~1173 N.E. CLEVELAND ST.~~ CHANGE TO: ~~CLEARWATER FL 34615~~	81 Name: Charles John Pollick 82 Street Address (P.O. Box Number is Not Acceptable): 25 Causeway Blvd. 83: Clearwater City Marina 84 City: Clearwater FL 85 Zip Code: 34630

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: Charles John Pollick DATE: 7-6-95
Signature, name of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	POLLICK, CHARLES J.	1.2 NAME	
STREET ADDRESS	~~1173 N.E. CLEVELAND ST.~~ →	1.3 STREET ADDRESS	414 Belle Isle
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Belleair Beach FL. 34642
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, J. BRAD	2.2 NAME	
STREET ADDRESS	414 MARINA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, ROSEMARY	3.2 NAME	
STREET ADDRESS	414 MARINA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	POLLICK, SANDRA	4.2 NAME	
STREET ADDRESS	~~1173 N.E. CLEVELAND ST.~~ →	4.3 STREET ADDRESS	414 Belle Isle
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Belleair Beach FL. 34642
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: Charles John Pollick 7-6-95 (813) 446-6723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01/2001 CP