

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000006005 (0)

1. Corporation Name

CONCH REPUBLIC FISHING TOURNAMENT, INC.



Principal Place of Business

Mailing Address

% CAPT. ART BARTON
P.O. BOX 2005
KEY WEST FL 33045

% CAPT. ART BARTON
P.O. BOX 2005
KEY WEST FL 33045-2005

3. Date Incorporated or Qualified
11/25/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANKINS-FIELDER, LYNNE ESO.
19960 OVERSEAS HIGHWAY
SUGARLOAF KEY FL 33042

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~DELETE~~
NAME D
STREET ADDRESS BARTON, ART
CITY-ST-ZIP 1410 ASHBY STREET
KEY WEST FL 33040

1.1 TITLE P
1.2 NAME MCGINN, PHILIP
1.3 STREET ADDRESS 2000 FOGARTY AVE
1.4 CITY-ST-ZIP KEY WEST, FL. 33040 ☒ Change ☐ Addition

TITLE ~~DELETE~~
NAME D
STREET ADDRESS LUOMA, JOHNNIE
CITY-ST-ZIP 1410 ASHBY STREET
KEY WEST FL 33040

2.1 TITLE VP
2.2 NAME SOLDANO, ANTHONY
2.3 STREET ADDRESS 3207 HARRIET AVE
2.4 CITY-ST-ZIP KEY WEST, FL. 33040 ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME D
STREET ADDRESS LUOMA, STEVE
CITY-ST-ZIP 1410 ASHBY STREET
KEY WEST FL 33040

3.1 TITLE ST
3.2 NAME BARTON, ARTHUR
3.3 STREET ADDRESS 1410 ASHBY ST.
3.4 CITY-ST-ZIP KEY WEST, FL. 33040 ☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D
4.2 NAME AGIN, EDWIN
4.3 STREET ADDRESS 1520 CATHERINE ST.
4.4 CITY-ST-ZIP KEY WEST, FL. 33040 ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME 000002213240
5.3 STREET ADDRESS -06/16/97--01116--021
5.4 CITY-ST-ZIP ***\$1.25 ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)