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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

P92000012058 (3)

HOW	ARD'S BAIT & TACKLE, I	Mailing Address			
96 DUNLAWTON AVENUE PORT ORANGE FL 32127		96 DUNLAWTON AVENUE			
roni on	INOE PL 3212/	PORT ORANGE F	L 32127		
				3. Date Incorporated or Qualified 12/14/1992	3a. Date of Last Report 04/20/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Cuito Ant		26		59-3164213	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	)	City & State		Election Campaign Financing     Trust Fund Contribution	Fee Required \$5.00 May Be
Zip	Country	7 <sub>p</sub>	Country	8. This corporation has liability for in	Added to Fees
24	25	29	30	Florida Statutes Yes	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Agent
ALLEN	HOWADD I		81 Name		
ALLEN, HOWARD L 96 DUNLAWTON AVENUE			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
PORT ORANGE FL 32127			83		
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			84 City		FL 85 Zip Code
11. Pursuant to or registere familiar wit	o the provisions of Sections 697.050 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	i2 and 607.1508, Florida Stat rida. Such change was autho riion 607.0505, Florida Statut	utes, the above named corporated by the corporation's bookes.	valion submits this statement for the purp and of directors. Thereby accept the appoi	ose of changing its registered office ntment as registered agent. I am
SIGNATURE _					
12.	Signature, typied or printed name of registered ages OFFICERS AN	IT and the IT approvable  ID DIRE CTORS	NOTE: Registered Agent signature respire		DATE
TITLE	PD	DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	ALLEN, HOWARD L	_	1.2 NAME		L'I change L'I Addition
STREET ADDRESS	8 VENETIAN CIRCLE		13 STREET ADDRESS		
CITY-S1-ZIP	DAYTONA BEACH FL 321		14 CITY - ST - ZIP		
TILE	STD	DELFTE	2 1 TIFLF		Change Addition
NAME	ALLEN, PHYLLIS M		2.2 NAME		
STREET ADDRESS	8 VENETIAN CIRCLE DAYTONA BEACH FL 3211	10	2 3 STREET ADDRESS		
CITY ST-7/2 THILE	DATTONA DEACH PL 321	DELETE	2 4 C(TY+S1+2)F		
NAME			3 1 TITLE 3 2 NAME		Change Addition
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			3 4 CHY-ST-7IP		
TITLE		☐ DELETE	4 1 7 ITLE		Change Addition
W.HC			4.2 NAME		<u> </u>
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZiP			44 017Y - ST - ZIP	·	
		☐ DELETE	5 1 TIFLE		Change Addition
			5.2 NAME		
NAME					
NAME STHEET ADDRESS			5 3 STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP		<b>□</b> DELFTF	5 4 CiTY - ST - 7iF	· · · · · · · · · · · · · · · · · · ·	Change El Add
NAME STHEET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5 4 C(TY+ST-Z(F) 6 1 TITLE		☐ Change ☐ Add-tion
NAME STHEET ADDRESS CITY - ST - ZIP TITLE NAME		☐] DELETE	5.4 CHY+ST-ZIP 6.1 THLE 6.2 NAME		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.4 City - St - Zip 6.1 Title 6.2 NAME 6.3 STREET ADDRESS 6.4 City - St - Zip	or the exemption stated in Section 119.07	

SIGNATURE: HOWARD L. ALLEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96 904-761-8478