SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Saridra B. Morthani ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT** # P93000055333 (7) BARNACLE BILL'S BAIT & TACKLE SHOP, INC. Principal Place of Business Mailing Address 555 150TH AVE. 555 150TH AVE MADEIRA BEACH FL 33708 MADEIRA BEACH FL 33708 3a. Date of Last Report 3. Date Incorporated or Qualified 08/04/1993 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3 193692 Not Applicable Suite, Apt. #. etc. Suite Ant # etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zip Country Country 8. This corporation has liability for inlang ble tax under s. 199 032 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GARUTI, WILLIAM A 11126 59TH AVE. N. Street Address (P.O. Box Number is Not Acceptable) SEMINOLE FL 34642 83 84 City A5 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Styrature, take for probabilistic strong is real asymptom differ trapple abo (NOTE By a Sired Agent signature required when registary in FIATI 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 117.116 Change Addition හි GARUTI, WILLIAM A NAME 1.2 NAME E034 STREET ADDRESS 11126 59TH AVE. N. 1.3 STREET ADDRESS SEMINOLE FL 34642 CITY-ST ZIP 1.4 CITY - ST-ZIP TITLE DELETE 2 1 THLF Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2-4 City - ST-ZP THILE DELETE 3 1 TITLE Change 1 Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7/P 34 CITY-ST ZIP TITLE DELETE 4.1 TIFLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STHEET ADDRESS CITY - ST - ZIP 4.4 CHY - ST- ZIP TITLE DELETE 51 TPLE Criange Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5401Y-SI-2P THILE DELETE 6 1 TTLE Change ____ Additine NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHTY - ST - ZIF 64 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 119.07(3)(x). 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 trusted 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 attainment with an address

| SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-96 Days Base