FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

2a. Mailing Address

City & State

Zìp

Suite, Apt. #, etc.

26

29

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000081482 (0)

ANGLER, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:

22

23

24

Zip

Principal Place of Business Mailing Address 464 N GULFVIEW BLVD 464 N GULFVIEW BLVD CLEARWATER FL 34630 CLEARWATER FL 34630

9. Name and Address of Current Registered Agent

Country

25

FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May 8e

Added to Fees

☐ No

Yes

813-44-8018

Not Applicable

3. Date Incorporated or Qualified

11/19/1993

59-3245460

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

RAYMOND, J. PAUL 400 CLEVELAND ST			81 82					
CLEARWATER FL 34615			83			 -		
				0''		 		
			84	City	FL	85 Zip C	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS	0. (1012) 110	13.	it organization	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	\$ IN 12	
TITLE	PD	☐ DELETE	1,1 TITLE			Change	Addition	
NAME	FLETCHER, JENNY E.		1.2 NAME					
STREET ADDRESS			1.3 STREET	ADDRESS			li li	
CITY - ST - ZIP	SAFETY HARBOR FL		1.4 CITY-ST	T-ZIP				
TITLE	\$	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	ANDREW NICHOLS		2.2 NAME		_			
STREET ADDRESS	640 BAYWAY BLVD, #205		2.3 STREET	ADDRESS	:			
CITY - ST - ZIP	CLEARWATER FL		2. 4 CITY-S	T-ZIP				
TITLE	VŜTD	DELETE	3.1 TITLE			Change	Addition	
NAME	NICHOLS, JULIE F	ı	3.2 NAME					
STREET ADDRESS	678 SNUG ISLAND		3.3 STREET	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		3.4. CITY - S	T-ZIP			1-1-0-1	
TITLE	i	DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME	İ			1	
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP	·····		4.4 CITY-ST	-ZIP				
TITLE	•	DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME				1	
STREET ADDRESS			5.3 STREET A	ADDRESS			ļ	
CITY-ST-ZIP			5.4 CITY-ST	- ZIP				
TITLE	l	DELETE	6.1 TITLE	İ		Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET A	ADDRESS			ļ	
CITY - ST - ZIP	and the later of t	a = a =	6.4 CITY-ST		die Seelie 440 07(0)(i) Fledde Statute 15 die	416 . 410.00 41:		
14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.								

& EQUIRED

Country

30