FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 [illegible] PM 1:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000016247 (6)

1. Corporate Name

DOLPHIN BAY BAIT & TACKLE, INC.

Principal Place of Business: P.O. BOX 540402 MERRITT ISLAND FL 32954-0402

Mailing Address: P.O. BOX 540402 MERRITT ISLAND FL 32954-0402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1994

3a. Date of Last Report:

2. Principal Place of Business: 1885 S. RT. 3 [illegible]

2a. Mailing Address:

Suite, Apt. #, etc.:

City & State: MERRITT ISLAND, FL

Zip: 32952 County: BREVARD

4. FEI Number: 59 3226686 — Applied For / Not Applicable

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

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

8. [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

Name: H.U. KOHLER

Street Address (P.O. Box Number is Not Acceptable): 203 OAK ST

City: COCOA FL Zip Code: 32922

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] H.U. KOHLER, PRESIDENT 4/15/95

12. OFFICERS AND DIRECTORS

(blank)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
TITLE	DIRECTOR	☐	☑
NAME	MIKE J KOHLER		
STREET ADDRESS	203 OAK ST		
CITY-ST-ZIP	COCOA, FL 32922		
TITLE	DIRECTOR	☐	☑
NAME	KARIN E KOHLER		
STREET ADDRESS	203 OAK ST		
CITY-ST-ZIP	COCOA, FL 32922		

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(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.

SIGNATURE: [signature] H.U. KOHLER, PRESIDENT 4/15/95 407-639-7497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0421222 FP