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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000022539 (8)

Principal Place of Business Mailing Address 202 E. HENDERSON AVE. TAMPA FL 33614 US BIG FISH TACKLE COMPANY Mailing Address B320 PALMA VISTA LANE TAMPA FL 33614-2863 US							
					3. Date Incorporated or Qualified 03/23/1994	3a. Date of Last Report 03/04/1996	
1	Place of Business	28. Mailing Address			4. FEI Number	Applied For	
21 Suite, Apt.	# atc	Suite, Apt. #, etc.		59-3230788	Not Applicable \$8.75 Additional		
22		27			5. Certificate of Status Desired	Fee Required	
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be		
23 Zip	Country	28 Zip	Country	,	Trust Fund Contribution 8. This corporation has liability for	Added to Fees	
24	25	29	30	•		Yes No	
	9. Name and Address of Curren	t Registered Agent		·	10. Name and Address of New Ro	egistered Agent	
	DWIRTH, GREG		81	Name			
) PALMA VISTA LANE TE 4100		82	Street Add	iress (P.O. Box Number is Not Accepta	ble)	
SUITE 4100 TAMPA FL 33614			83	 			
			84	City		85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the all office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Stat						PL	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	int and title if applicable (NO D DIRECTORS	TE: Registered Ag		ired whon reinstating) ADDITIONS/CHANGES TO OFF)	DATE CERS AND DIRECTORS IN 12	
TITLE	LANDARDTH ODGOODY D		1,1 TITLE			☐ Change ☐ Addition	
NAME STREET ADDRESS	8320 PALMA VISTA LANE		1.2 NAME	1 ADDRESS			
CITY-ST-ZIP	TAMPA FL 33614		1.4 City-:				
TITLE	□ 08		2.1 TITLE			Change Addition	
NAME			2.2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - 3.1 TITLE	\$1-219		☐ Change ☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3 3 STRFE	T ADDRESS			
CITY+ST-ZIP			3 4. CITY-	ST-ZIP			
TITLE		DELETE	41 THTLE			☐ Change ☐ Addition	
NAME STREET ADDRESS			4 2 NAME				
CITY-ST-ZIP			4.4 CITY	T ADDRESS			
TITLE		DELETE	5.1 TITLE	31-211		Change Addition	
NAME			5.2 NAME			_	
STREET ADDRESS			5.3 STREE	1 ADDRESS			
CITY-ST-ZIP		·	5.4 CHTY-	ST-ZIP			
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS	l		6.3 STREE	T AODRESS			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address. 012-223-5893

6.4 CITY - ST - 7IP