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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 05, 1999 8:00 am = Secretary of State

05-05-1999 90221 003 ***150.00

DOCUMENT # P94000026065 1. Corporation Name

TOURNAMENT FISHERMEN'S CHAMPIONSHIP, INC.

Principal Place	e of Business	Mailing Address	s				10111 08110 11010 01111 30	
2305 BEACH BL	.VD	2305 BEACH BLV	VD					
STE 109			STE 109 JACKSONVILLE BEACH FL 32250			DO NOT WRITE IN THIS SPACE		
JACKSONVILLE BEACH FL 32250 US		US				3. Date Incorporated or Qualifed		
						04/01/1994		
2. Principal Place of Business		2a. Mailing Add	Iress			4. FEI Number		Applied For
21		26				59-3248463		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	#, etc.			5. Certifcate of Status Desired	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee	Reguired
City & State	e	City & State	•		<u></u> :	6. Election Campaign Financing		0 May Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	_	_ Country ¬		8. This corporation owes the current		
24	25	29	30	<u> </u>		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Cur	rrent Registered Agent	<u> </u>	81	Name	10. Name and Address of New Reg	Jisterea Agent	
HUII	ld, stephen a			(")	IVOING			
	LD, STEFFIEN A N THIRD ST				Street Addr	reet Address (P.O. Box Number is Not Acceptable)		
	(SONVILLE BEACH FL 32250			83	 			
U AOI	CONTILLE BEACH IE GEEGG			03				
				84	City		FL 85 Zi	p Code
				the obov	named corp	oration submits this statement for the pu		its registered
office or re	edictored agent or both in the St	ate of Florida, Such chai	nge was auth	norized by	the comoratio	on's board of directors. I hereby accept the	he appointment as	registered
office or re	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such chai ligations of, Section 607 agent and title if applicable.	nge was autr '.0505, Florid	orized by a Statutes	the comoratio	on's poard of directors, I hereby accept to	DATE OATE	
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officer or director of the corporation or the receiver or trusted 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 attachmost with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF SIGNING OFFICER OFFICER OFFICER OF SIGNING OFFICER OF

Daytime Phone #