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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000042443

1. Corporation Name

DHINT D	EEP FISHING COMPANT						
Principal Place	of Business	Mailing Address					I
321 6TH AVENUE 321 6TH AVENUE							
INDIAN ROCKS FL 34635 INDIAN ROCKS FL 34635						TO MOTIVOITE IN THIS COASE	
ļ						DO NOT WRITE IN THIS SPACE	\neg
						3. Date Incorporated or Qualifed	
	(D.)	A Mailine Address				06/01/1994 4. FEI Number Applied For	\dashv
⊢ ¬ '	ace of Business	2a. Mailing Addres	⊢ •			59-3260843 Not Applicable	
Suite, Apt.	# etc	26 Suite Apt. #. e	Suite, Apt. #, etc.			\$8.75 Additional	7
22	, , 610.	27				5. Certifcate of Status Desired Fee Required	== =
City & State	<u>, </u>	City & State	I I			6. Election Campaign Financing 55.00 May Be	
23		28	28			Trust Fund Contribution Added to Fees	_
Zip	Country	Zip	Zip Coun			8. This corporation owes the current year Intangible	
24	25 29 30					Personal Property Tax. Yes No	_
Name and Address of Current Registered Agent				04		10. Name and Address of New Registered Agent	\dashv
BICE	MICHAEL D			81	Name	·	
RICE, MICHAEL P.				82	Street A	Address (P.O. Box Number is Not Acceptable)	
321 6TH AVENUE				83			\dashv
	IN ROCKS BEACH FL 34635			03			
""	THOONS BEACHTE STOOS			84	City	FL 85 Zip Code	Ì
	607.00	00 1 CO7 1500 Florid:	Ctatutos the a	bovo	named c	t corporation submits this statement for the number of changing its registered	
office or re	egistered agent, or both, in the State familiar with, and accept the oblig	e of Florida, Such change	e was authonzed	ו עם נ	he corpo	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered as	sent and title if poplicable	/NOTE: Pegistered	Anent	signature re	required when reinstating) DATE	
12.		AND DIRECTORS	13.	7.90		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\Box
TITLE	D	□ DEL		TLE		☐ Change ☐ Addition	on
NAME	RICE, ZORAIMA		1.2 N/	AME			- [
STREET ADDRESS	321 6TH AVENUE		1.3 \$1	TREET /	ADDRESS		
CITY-ST-ZIP			1.4 CI	TY-ST-	ZIP		_
TITLE				TLE		☐ Change ☐ Addition	on
NAME	RICE, MICHAEL		2.2 N	AME	- 1		
STREET ADDRESS	321 6TH AVENUE		2.3 \$1	TREET	ADORESS		
CITY-ST-ZIP	INDIAN ROCKS FL 34635		2.4 C	ITY-ST	:ZIP - ~		7
TITLE	D	DEL	_ETE 3.1 π	TLE		☐ Change ☐ Addition	эп
NAME	GIBSON, ROY S		3.2 N/	AME			
STREET ADDRESS	321 6TH AVENUE		3.3 ST	TREET	ADDRESS	5	
CITY-ST-ZIP	INDIAN ROCKS FL 34635			ITY-ST	- ZIP	Change Addition	on
TITLE		☐ DEL					
NAME			4. 2 N			'	
STREET ADDRESS					ADDRESS	•	
CITY-ST-ZIP		☐ DEL		TY-ST-	ZIP	. Change Addition	on
TITLE			LETE 5.1 TI 5.2 No		ļ		}
NAME					ADDRESS		
STREET ADDRESS				ITY-ST-	i	1	
CITY-ST-ZIP		[] DEI				☐ Change ☐ Addition	on

CITY-ST-ZIP 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 supplier and a made report is one 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 of 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 or an attrictment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90063 006 ***150.00