

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 31 AM 8:40

DOCUMENT # **P94000051334 (8)**

1. Corporation Name  
**EAST COAST TACKLE, INC.**

Principal Place of Business Mailing Address  
**50 SE KINDRED ST., STE. 107 STAURT FL 34994**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/05/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
**21 10249 S.E. Lennard Road** **26**

4. FEI Number **65-0528532** Applied For  
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State City & State  
**23 Pt. St. Lucie, FL 34952** **28**

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

Zip Country Zip Country  
**24** **25** **29** **30**

8. This corporation has liability for intangible tax under S. 119.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPOTTS, MICHAEL K**  
**50 SE KINDRED ST., STE. 107**  
**STAURT FL 34994**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip 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 of applicant

DATE Registered Agent signature required after recording

DART

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<b>P/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Charles S. Griggs, Jr.</b>
13 STREET ADDRESS	<b>10249 S.E. Lennard Road</b>
14 CITY - ST - ZIP	<b>Pt. St. Lucie, Florida 34952</b>
21 TITLE	<b>S/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Fernanda R. Griggs</b>
23 STREET ADDRESS	<b>10249 S.E. Lennard Road</b>
24 CITY - ST - ZIP	<b>Pt. St. Lucie, Florida 34952</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(3)(b), 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: *Charles S. Griggs*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

*May 1 95* 407 995 8271  
Date Daytime Phone #