

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000076592 (2)

1. Corporation Name

NAUTICAL OUTFITTERS AND TRADING COMPANY

Principal Place of Business

10351 72ND ST N
LARGO FL 34647

Mailing Address

10351 72ND ST N
LARGO FL 34647



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/18/1994

3a. Date of Last Report
07/13/1995

4. FEI Number

59-3283500

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

PUNZAK, DAVID R
100 SECOND AVE S 12TH FLOOR
ST PETERSBURG FL 33701

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, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	XX DELETE
NAME	THOMAS, MARILYN	
STREET ADDRESS	10351 72ND ST N	
CITY-ST-ZIP	LARGO FL 34647	
TITLE	D	XX DELETE
NAME	THOMAS, WILLIAM R SR	
STREET ADDRESS	10351 72ND ST N	
CITY-ST-ZIP	LARGO FL 34647	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, WILLIAM R JR	
STREET ADDRESS	10351 72ND ST N	
CITY-ST-ZIP	LARGO FL 34647	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLUE, WILLIAM F	
STREET ADDRESS	10351 72ND ST N	
CITY-ST-ZIP	LARGO FL 34647	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOLLINE, ROBERT	
STREET ADDRESS	10351 72ND ST N	
CITY-ST-ZIP	LARGO FL 34647	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KARINS, JOAN R.	
1.3 STREET ADDRESS	3106 W. DE BAZAN AVE	
1.4 CITY-ST-ZIP	ST. PETE BEACH, FL 33706	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOMAS, WILLIAM R JR	
2.3 STREET ADDRESS	10351 72ND ST N	
2.4 CITY-ST-ZIP	LARGO, FL 34647	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BOLLINE, ROBERT	
3.3 STREET ADDRESS	10351 72nd ST N	
3.4 CITY-ST-ZIP	LARGO, FL 34647	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(3)(k), 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 13 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Robert Bolline
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (813) 541-6664
Date Daytime Phone #

CR2E034 (12/95)