

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 19 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000090387 (9)**

1. Corporation Name
SALTWATER FLATS AND FLY FISHING ASSOCIATION, INC

Principal Place of Business	Mailing Address
4260 CENTRAL AVE. ST. PETERSBURG FL 33711	4260 CENTRAL AVE. ST. PETERSBURG FL 33711

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/14/1994	3a. Date of Last Report FIRST REPORT
4. FEI Number 59-3300053	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Total Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 415 24th St. N.	26 415 24th St. N.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State St. Petersburg FL	28 City & State St. Petersburg FL
24 Zip 33713 Country U.S.	29 Zip 33713 Country US

9. Name and Address of Current Registered Agent

O'CONNELL, PHILIP J
4260 CENTRAL AVE.
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

01 Name ROBERT NIES
02 Street Address (P.O. Box Number is Not Acceptable) 415 24th St. North
03
04 City St. Petersburg
05 State FL
06 Zip Code 33713

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **7/5/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'CONNELL, PHILIP J
STREET ADDRESS	4260 CENTRAL AVE.
CITY - ST - ZIP	ST. PETERSBURG FL 33711
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ROBERT NIES	
13 STREET ADDRESS	415 24th St. N.	
14 CITY - ST - ZIP	St. Petersburg FL 33713	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
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)(a), 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, changed, in each attachment with an address.

SIGNATURE: *[Signature]* DATE: **7/12/95** DISTRICT NUMBER: **813-360-3042**