


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

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FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90222 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000007452

1. Corporation Name

DOUBLE PLAY SPORT FISHING, INC.

Principal Place of Business

**2042 HAWAII AVENUE NE
ST PETERSBURG FL 33703**

Mailing Address

**2042 HAWAII AVENUE NE
ST PETERSBURG FL 33703**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/27/1995	4. FEI Number 59-3293898	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip	28 Zip	8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24 Country	29 Country			

9. Name and Address of Current Registered Agent

**NEWTON, ROBERT E JR.
2042 HAWAII AVE.
ST PETERSBURG FL 33703**

10. Name and Address of New Registered Agent

81 Name **Kim L Wansick C.P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
7119 East Johns Sims Parkway
83
84 City **Niceville** FL 85 Zip Code **32578**

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]* DATE **4/26/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	V-P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, ROBERT E JR.	1.2 NAME	
STREET ADDRESS	2042 HAWAII AVE WE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Scott W. Conrad
STREET ADDRESS		2.3 STREET ADDRESS	15548 Redington Dr
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Redington Beach FL 33708
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Ann L. Conrad
STREET ADDRESS		3.3 STREET ADDRESS	15548 Redington Dr
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Redington Beach FL 33708
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* V-P DATE **4/22/99** TELEPHONE **813-399-8917**

CR2E034 (11/98)