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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000017020 (5)

TIDY TACKLE, INC.

Principal Place of Busin	1055

1116 CAREFREE COVE DRIVE WINTER HAVEN FL \$3880 Mailing Address

P.O. BOX 3868 WINTER HAVEN FL 33885-3666 US

## FILED Apr 28 1997 8:00am Secretary of State



U\$			US /	1	•						
			,,					3. Date Incorporated or Qualified 02/27/1995 3a. Date of Last 05/01/1996			Report
2. Principal F	Place of Business	3	2a. M.	ailing Address				4. FEI Number		IAL	oplied For
21 1116	Carefree	Cove Drive	26	1116 Car	refree	Cox	e Drive	65-0594996		N	ot Applicable
Sulte, Apt			$\vdash$	uite, Apt. #, etc				5. Certificate of Status Desired			Additional
	<u>er Haven,</u>	Florida		Winter l	Haven,	_F1c	rida				equired
City & Sta			$\vdash$	ity & State				6. Election Campaign Financing			May Be
23 3388	1	Polk Country		33881		_ <u>Pol</u>		Trust Fund Contribution	<u> </u>		to Fees
Zip	<u> </u>	Country	Zi;	þ		Country	•	8. This corporation has liability for in	. ~		. 199.032,
24]	9 Name and	d Address of Current	29 Register	ed Aneni	30			Florida Statutes  10. Name and Address of New Reg		No	
MO	ORE, GEORGE	· · · · · · · · · · · · · · · · · · ·	i i ogrator	ou Agent		81	Name	TO. Hame and Address of New May	JISTOI DU A	gent.	
	HERITAGE W	₩									
WE	TICHTINGE WA	1116 C	AREFR	EE COVE	DRIVE	82	Street Addre	ess (P.O. Box Number is Not Acceptab	la)		
-1181		WIN	TER H	AVEN, FI		83					
				,	- 33881						
					33001	84	City			<b>85</b> Zip	Code
44 Directors	to the provisions	o of Continuo CO7 0600	and C07	1600 Elevida E	Statutes th			oration submits this statement for the p	<u> FL</u>		
office or	registered agent	, or both, in the State c	f Florida	Such change :	was autho	rized by	/ the corporati	ion's board of directors. I hereby accep	t the appo	intment as	is registered registered
_	am tamiliar with, a	and accept the obligat	ions of, Si	ection 607.050	5, Florida	Statutes	S.				-
SIGNATURE	Character based or as	rinted name of registered agent			(NOT)   Free!			ed when reinstating)	DATE		
12.	Signature, typed or pr	OFFICERS AND				13.	ini signarare require	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	D			DELET		to THEE	ľ			Change	Addition
NAME	MOORE, GE	orge h II	-			1.2 NAME			•		
STREET ADDRESS	497-HERITA	SEWAY 1114	1914	true cou	-	1.3 STREET	Anneree				
CITY-ST-ZIP	WEST PALM	DEROFI FL 83497	Mut	ev Horse.	F/ .	1.4 C(TY - S					
TITLE		ORGE HII SE WAY /// G G BEROTI-FL 93497 A	1988	7 DELETI	E	2.1 TITLE	51-211			Change	Addition
NAME		•	,			2.2 NAME			•		1
STREET ADDRESS						2.3 STREET	22 19004				
CITY-ST-ZIP						2. 4 C(1Y-)					
TITLE	<u> </u>			DELET		3.1 1011 E	51-211			Change	Addition
NAME				_		3.2 NAME			•		
STREET ADDRESS					•	3.3 STREET	ADDRESS				
CITY-ST-ZIP						3.4 CITY-1					
TITLE	<u> </u>			DELET		4.1 TITLE	37 211			Change	Addition
NAME				—		4. 2 NAME					
STREET ADDRESS					1		ADORESS				
CITY-ST-ZIP					1	4.4 C(1Y - S					
TITLE	<del>                                     </del>			DELET		5.1 TITLE	211			Change	Addition
NAME				_ <b>-</b>		5.2 NAME					
STREET ADDRESS						5.3 STREET	ADORESS				
CITY-ST-ZIP						5.4 CITY - S					
TITLE	<del>                                     </del>			☐ DELET		6.1 TITLE	11-511			Change	Addition
NAME				La paten		6.2 NAME			ı	onunge	
STREET ADDRESS	1						ADODECC				
						6.3 STREET					
CITY-ST-ZIP						6.4 CHY- S	31-71P   1 °				

14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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.

SIGNATION ALCOHOLD 415-97