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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P98000017795

1. Corporation Name
INSHORE SALTWATER ANGLERS, INC.

Principal Place of Business
P.O. Box 550708
JACKSONVILLE FL 32255

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business
21 P. O. Box 550708
22 Suite, Apt. #, etc.
23 City & State: JACKSONVILLE FL
24 Zip: 32255 25 Country: USA

2a. Mailing Address
26 P. O. Box 550708
27 Suite, Apt. #, etc.
28 City & State: JACKSONVILLE FL
29 Zip: 32255 30 Country: USA

4. FEI Number: 59-3297544 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVID L. WENZEL
1YYY5 DIVIDING OAKS TRAIL EAST
JACKSONVILLE FL 32YY3

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	11 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	STEVEN HOLMES	12 NAME	JAMES PRICE
STREET ADDRESS	501 CREIGHTON ROAD	13 STREET ADDRESS	11586 INEZ DRIVE
CITY-ST-ZIP	ORANGE PARK FL 32073	14 CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE	VICE PRESIDENT ☐ DELETE	21 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	WILBUR HICKS	22 NAME	MICHAEL DARUDAN
STREET ADDRESS	615 CATOMA ST.	23 STREET ADDRESS	1835 OAKWATER DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32244	24 CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	SECRETARY ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	NANCY DARUDAN	32 NAME	
STREET ADDRESS	1835 OAKWATER DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	34 CITY-ST-ZIP	
TITLE	TREASURER ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	DAVID L. WENZEL	42 NAME	
STREET ADDRESS	1YYY5 DIVIDING OAKS TRAIL EAST	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32YY3	44 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	KENNETH SMITH	52 NAME	
STREET ADDRESS	466 KEVIN DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	54 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	JOSEPH OSTAFI	62 NAME	
STREET ADDRESS	2458 CAPTAIN CT	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	64 CITY-ST-ZIP	

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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 changed, or on an attachment with an address.

SIGNATURE: David L. Wenzel DAVID L. WENZEL 4/29/98 (904) 296-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)