

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000017795

1. Corporation Name

INSHORE SALT WATER ANGLERS, INC.

Principal Place of Business

P.O. BOX 550708
JACKSONVILLE FL 32255
US

Mailing Address

P.O. BOX 550708
JACKSONVILLE FL 32255
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1995

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

WENZEL, DAVID L
12225 DIVIDING OAKS TRAIL EAST
JACKSONVILLE FL 32223

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME HOLMES, STEVEN
STREET ADDRESS 501 CREIGHTON RD.
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE T
NAME WENZEL, DAVID L
STREET ADDRESS 12225 DIVIDING OAKS TRAIL EAST
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP
NAME HICKS, WILBUR
STREET ADDRESS 6152 CATOMA ST.
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE D
NAME SMITH, KENNETH
STREET ADDRESS 466 KEVIN DR
CITY-ST-ZIP ORANGE PARK FL

TITLE D
NAME PRICE, JAMES
STREET ADDRESS 11586 INEZ DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE S
NAME DARVEAU, NANCY
STREET ADDRESS 1835 OAKWATER DR.
CITY-ST-ZIP JACKSONVILLE FL 32225

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D
MICHAEL DARVEAU
1.3 STREET ADDRESS 1835 OAKWATER DRIVE
1.4 CITY-ST-ZIP JACKSONVILLE FL 32225

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D
LEO WARNER
2.3 STREET ADDRESS 115 SOUTH ROSCOE BLVD.
2.4 CITY-ST-ZIP PONTE VEDRE BEACH, FL 3208Y

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME D
MAX WILLIFORD
3.3 STREET ADDRESS 7300 TWELVE OAKS K-13
3.4 CITY-ST-ZIP ORANGE PARK FL 32065

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/99

(904) 279-9310

CR2E034 (11/98)