FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE Feb 04 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000025225 (0) ANGLERS BOAT CENTER OF DELAND INC. Principal Place of Business Mailing Address 2390 HIGHWAY 92 2390 HIGHWAY 92 DELAND EL 32724 DELAND FL 32724 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/27/1995 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3309719 Not Applicable 21 26 Suite, Apt. #. etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. L_x Yes . No 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 YETTER, LISA 2390 HIGHWAY 92 82 Street Address (P.O. Box Number is Not Acceptable) DELAND FL 32724 83 Zip Code 84 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE TITLE 1.1 TITLE YETTER, LISA N. NAME 1.2 NAME 905 CRESCENT PARKWAY 1 3 STREET ADDRESS STREET ADDRESS DELAND FL 32724 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE YETTER, GARY B. 22 NAME NAME 905 CRESCENT PARKWAY 2.3 STREET ADDRESS STREET ADDRESS DELAND FL 32724 2. 4 CITY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE TITI F 4. 2 NAME NAME 4,3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE 6,1 TITLE TITLE

6.2 NAME

REQUIRED

an attachment with an address.

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

NAME

STREET ADDRESS

32E034