## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS

1. Corporation Name  CLEARWATER DISCOUNT TACKLE, INC.  Principal Place of Business  Mailing Address  613 S FT HARRISON AVENUE CLEARWATER FL 34615  613 S FT HARRISON AVENUE CLEARWATER FL 34615								
					3. Date Incorporated or Qualified 06/23/1995	d 3a. Date	of Last R	leport
2. Principa' P	ace of Business	2a. Mailing Address 26			4. FEI Number 5 9-33-21-387			Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<del> </del>	5. Certificate of Status Desired		\$8.75	Additional
2] Orty & Stat	ə	City & State			6. Election Campaign Financing			Required  May Be
3		28			Trust Fund Contribution			d to Fees
Zipi <b>4</b> }	Country 25	Zip 29	30 Coun	itry	This corporation has liability for Florida Statutes	or intangible ta. es □ No	x under s	199.032,
*i	9. Name and Address of Curren		30]	==	10. Name and Address of New		Agent	
				B1 Name				
FRITZ,			7	82 Street Add	dress (P.O. Box Number is Not Accept	able)		
	IONEYSUCKLE LANE FL 34640			83				
LANGO	I L OTOTO			1				
			,	B4 City		FL	85 Z	p Code
or registe familiar wi	red agent, or ooth, in the state of Florid ith, and accept the obligations of, Section	ia. Such change was authori	zed by the co	e-named corpo orporation's boa	oration submits this statement for the pard of directors. I hereby accept the ap	ourpose of cha opointment as	registered	l agent. I am
familiar wi SIGNATURE	red agent, or outr, in the state of Florid th, and accept the obligations of, Sector Signature, types or printed frame of registerics aperts OFFICERS AND	<ul> <li>Such change was authorion 607.0505, Florida Statute</li> <li>and title if applicable. (N</li> </ul>	zed by the co s.	e-named corpo orporation's boa gent signature require	ard of directors. I hereby accept the ap	opointment as	registered	l agent. I am
tanılıar wi SIGNATURE 12.	Styrchin, hard or printed forms of registers agent a  OFFICERS AND	<ul> <li>Such change was authorion 607.0505, Florida Statute</li> <li>and title if applicable. (N</li> </ul>	zed by the co s. OTE Registered A	orporation's boa	ard of directors. I hereby accept the ap	pointment as  DATE  FFICERS AND	registered	l agent. I am
familiar wi SIGNATURE 12. JULE JAME	Signature, typics or printed forms of registeric agents OFFICERS AND PD FRITZ, ANN B	ia. Such change was authori. on 607.0505, Florida Statute and tille if application. (N ) DIRECTORS	zed by the cos.  OTE Rugistered A  13.  1.1 TH	orporation's boargent signature require	ard of directors. I hereby accept the ap	pointment as  DATE  FFICERS AND	DIRECTO	d agent. I am
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certify that the information information of the composition 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 that age or on an additional address.

SIGNATURE:

RINTED MANE OF HIGHING OFFICER OR DIRECTOR

2-17-96 813-298-0326 Desired Physics