

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

FILED

Mar 19 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 # P95000074281 (3)

1. Corporation Name

CAUSEWAY CONVENIENCE & TACKLE, INC.

Principal Place of Business

6439 COURTNEY CAMPBELL CSWY  
TAMPA FL 33607

Mailing Address

18904 ARBOR DR.  
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1995

4. FEI Number

59-3357180

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

2a. Mailing Address

26 5454 W. Crenshaw ST

Suite, Apt. #, etc.

27 City & State

28 TAMPA FL

29 Zip

30 F 33634

Country

USA

Suite, Apt. #, etc.

22 City & State

24 Zip

Country

25

9. Name and Address of Current Registered Agent

HOBBS, ROBERT S P.A.  
3719 SWANN AVE.  
TAMPA FL 33609

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	SCAGLIONE, C. YVONNE	
STREET ADDRESS	18904 ARBOR DR.	
CITY-ST-ZIP	LUTZ FL 33549	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCAGLIONE, C. YVONNE	
STREET ADDRESS	18904 ARBOR DR.	
CITY-ST-ZIP	LUTZ FL 33549	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCAGLIONE, C. YVONNE	
1.3 STREET ADDRESS	5454 W. Crenshaw ST	
1.4 CITY-ST-ZIP	TAMPA FL 33634	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCAGLIONE, C. YVONNE	
2.3 STREET ADDRESS	5454 W. Crenshaw ST	
2.4 CITY-ST-ZIP	TAMPA FL 33634	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

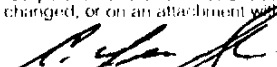
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE:

  
SIGNATURE AND TYPE OF PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

3/11/98

813-884-3327

CR2E034 (10/97)