FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P-95000074386

1. Corporation Name
LIGHT TACKLE SPORT FISHING ADVENTURES, INC.

Principal Place of Business | Mailing Address

2. Principal Place of Business
21 5411 27TH PLACE S.W.
Suite, Apt. #, etc.
22
City & State
23 NAPLES, FLORIDA
Zip 24 33999 Country 25 USA

2a. Mailing Address
26 5411 27TH PLACE S.W.
Suite, Apt. #, etc.
27
City & State
28 NAPLES, FLORIDA
Zip 29 33999 Country 30 USA

3. Date Incorporated or Qualified: SEPT. 22, 1995
3a. Date of Last Report: N/A
4. FEI Number: 65 0609449 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
KENT A. SKRIVAN ESQ.
5801 PELICAN BAY BLVD
SUITE 103
NAPLES, FL. 33963

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

TITLE	DIRECTOR	☐ DELETE
NAME	DAVID L. CASSIDY	
STREET ADDRESS	5411 27TH PLACE S.W.	
CITY-ST-ZIP	NAPLES, FLORIDA 33999	
TITLE	PRESIDENT	☐ DELETE
NAME	DAVID L. CASSIDY	
STREET ADDRESS	5411 27TH PLACE S.W.	
CITY-ST-ZIP	NAPLES, FLORIDA 33999	
TITLE	VICE PRESIDENT	☐ DELETE
NAME	DAVID L. CASSIDY	
STREET ADDRESS	5411 27TH PLACE S.W.	
CITY-ST-ZIP	NAPLES, FLORIDA 33999	
TITLE	SECRETARY	☐ DELETE
NAME	DAVID L. CASSIDY	
STREET ADDRESS	5411 27TH PLACE S.W.	
CITY-ST-ZIP	NAPLES, FLORIDA 33999	
TITLE	TREASURER	☐ DELETE
NAME	DAVID L. CASSIDY	
STREET ADDRESS	5411 27TH PLACE S.W.	
CITY-ST-ZIP	NAPLES, FLORIDA 33999	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	900001823209	
5.1 TITLE	-05/15/96--01099--010	☐ Change ☐ Addition
5.2 NAME	***200.00	
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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] DAVID L. CASSIDY 4/30/96 941 352 7292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #