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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000074386 (0)**

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

Principal Place of Business	Mailing Address
5411 27TH PLACE SW NAPLES FL 33999	5411 27TH PLACE SW NAPLES FL 34116-7513

2. Principal Place of Business 21 3037 44TH TERR. SW Suite, Apt. #, etc. 22 NAPLES FLORIDA City & State 23 Zip 24 34116 Country 25 USA	2a. Mailing Address 26 3037 44TH TERR. SW Suite, Apt. #, etc. 27 NAPLES, FLORIDA City & State 28 Zip 29 34116 Country 30 USA

3. Date Incorporated or Qualified 09/22/1995	3a. Date of Last Report 05/01/1996
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	10. Name and Address of New Registered Agent
SKRIVAN, KENT A 5801 PELICAN BAY BLVD SUITE 103 NAPLES FL 33963 NEW ADDRESS →	81 Name SKRIVAN, KENT A 82 Street Address (P.O. Box Number is Not Acceptable) 800 LAUREL OAK DR. S 83 SUITE 200 84 City NAPLES FL 85 Zip Code 34108

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASSIDY, DAVID L 5411 27TH PLACE SW NAPLES FL 33999	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CHAIRMAN, DAVID L. PRESIDENT 3037 44TH TERRACE SW NAPLES FL 34116	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CASSIDY, DAVID L 5411 27TH PLACE SW NAPLES FL 33999	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CASSIDY, DAVID L 5411 27TH PLACE SW NAPLES FL 33999	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SAME AS ABOVE FOR ALL NEW ADDRESS	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CASSIDY, DAVID L 5411 27TH PLACE SW NAPLES FL 33999	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CASSIDY, DAVID L 5411 27TH PLACE SW NAPLES FL 33999	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: DAVID L. CASSIDY 4/30/97 941 35[illegible]