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

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUM 1. Corporation	MENT # P950	00094950 (9	)		
FISHIN STUFF ENTERPRISES, INC.					
					18 18 18 18 18 18 18 18 18 18 18 18 18 1
Principal Place	of Business	Mailing Address			170 FOFFI OLOTO 10101 BIJA DOJA 1801
25642 HAYMA BROOKSVILLE	· · · - · · <del>-</del>	25642 HAYMAN ROAD BROOKSVILLE FL 3460	•		
UNCONOTICE	. TE STORE	BHOOKSVILLE PL 3400	•	Date Incorporated or Qualified	Date of Last Report
				12/14/1995	Date of East Neport
2. Principal Pia	ace of Business 5 S.E. Huyu 441	2a. Mailing Address		4. FEI Number 59-3349995	Applied For
Suite, Apt.		26   Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	NIEW FL	City & State		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
— <sup>Zi</sup> g./	Country	Zip	Country	8. This corporation has liability for intang	ible tax under s. 199.032,
24 <del>544</del> 2	9. Name and Address of Cur	rent Registered Agent	30	10. Name and Address of New Registr	
	J. Hame and Address of Car	Tent Hegistered Agent	81 Name	10. Hame and Address of New Negist	ered Agent
			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
	TH BROAD STREET		83		
DHUUNS	VILLE FL 34601				
			84 City		FL 85 Zip Code
<ol> <li>Pursuant to or registere</li> </ol>	o the provisions of Sections 607.0 ed agent, or both, in the State of F	502 and 607.1508, Florida Statut lorida, Such change was authoriz	es, the above named corpored by the corporation's boa	oration submits this statement for the purpose and of directors. I horeby accept the appointment	of changing its registered office
familiar wit	th, arid accept the obligations of, S	ection 607.0505, Florida Statutes	i.	and the same control of th	on on rog oto ou again. I am
SIGNATURE _	Styriature, typed or printed hance of registered a	gertanttendapplicade (Ex	ME Registered Age its greature require	erliwher verbitating: D	ATE
12.	+ · · · <u>- · · · · · · · · · · · · · · · </u>	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE NAME	D FIELDHOUSE, JOHN R	☐ DE1ETE	1 1 TPYEF 12 NAME 7		Change 🔣 Addition
STREET ADDRESS	25642 HAYMAN ROAD		1 3 STHEL! ADDRESS 2	FIELD HOUSE, MARY B 25642 HAYMAN Rd.	
CITY - ST - ZIP	BROOKSVILLE FL 34602		1.4 CITY - ST - ZIP	Breaks ville, FL 34602	L-8137
TITLE	D	DELFTE	2 1100	)	Change 🔀 Addition
NAME	MURPHY, DONALD R		22 NAME	mick Sheila D. 5642 Hayman Rd.	
STREET ADDRESS CITY-ST-ZIP	25 ROBIN HOOD ROAD INVERNESS FL 34450		23 STREE! ADDRESS 24 CPY-ST ZIP	spooksville, FL 34602	- R137
TITLE	INTERNECOOT L OTTOO	☐ DELETE	3 1 TF LE	REDESCITIE, VC 34602	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	·	
CITY - ST - ZIP			3.4 Crty - ST - ZIP	——————————————————————————————————————	
TITLE		☐ DELETE	4 1 TiffLE		Change Addition
NAME CIRCUI ADODESS			4.2 NAME		
STREET ADDRESS  CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		[□] DELETE	4.4 CHY+ST ZIP 5.1 DFtE		Change Addition
NAME		-	5.2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY-ST-ZIP			5.4 CITY ST-ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		-
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP  14. I do hereb	 y certify that the information suppli	ed with this filing is voluntarily furn	64 CITY-ST-ZIP  shed and does not qualify:	for the exemption stated in Section 119.07(3)(	k), Florida Statutés, I further
certify that oath; that	the information indicated on this a	innual report or supplemental and exporation or the receiver or truste	ual report is true and accord e empowered to execute th	ate and that my signature shall have the same is report as required by Chapter 607, Florida \$	legal effect as if made under

NTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/94

(352) 307 -9811 Daytone Phone A