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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000094950 (9)

FISHIN STUFF ENTERPRISES, INC.

FILED Apr 13 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address			1 12011901 112 12101 1111 1111 1111 1111		
12105 SE HWY	Y 441	25642 HAYMAN ROAD			1		
BELLEVIEW FL 34420		BROOKSVILLE FL 34602			DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualified		
					12/14/1995		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3349995		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5, Certificate of Status Desired		5 Additional	
22		27			5. Certificate of Status Desired	Fee	Required
City & State)	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28					
Zip	Country Zip Country		ý	8. This corporation owes or has paid the current year Inlangible			
24	25	29	30		Personal Property Tax due June 30. 10. Name and Address of New Register	Yes Yes	No No
	9. Name and Address of Curren	i Hegisteren Agent	81	Name	10, Haile and Address of Now Tregister	ou Agoin	
	GAN, THOMAS S JR.						
20 SOUTH BROAD STREET			62	Street Add	Breet Address (P.O. Box Number is Not Acceptable)		
BRC	DOKSVILLE FL 34601		83				-
				<u></u>			
			84	City		=L. 85 Z	ip Code
44 Purcuant t	to the provisions of Sections 607 050	2 and 607 1508 Florida Stati	utes the abov	/e-named cor	noration submits this statement for the purpos	se of changing	a its registered
office or re	egistered agent or both, in the State	of Florida. Such change was	authorized b	y the corpora	poration submits this statement for the purpos ation's board of directors. I hereby accept the	appointment	ás registered
	m tamiliar with, and accept the conga	mons or, Section 607.0505, r	Tonda Statute	15.			
SIGNATURE	Signature, typed or printed name of registered age	nd and title if applicable (NG	OTE Registered Ag	jont signature requ	uired when reinstating) DA	TÉ	
12.	OFFICERS ANI		13.	·	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	D	DEVETE	1.1 TOLE			☐ Chang	ORS IN 12
NAME	FIELDHOUSE, JOHN R		1.2 NAME	İ			
STREET ADDRESS	25642 HAYMAN ROAD		1.3 STREE	T ADDRESS			{
CITY-ST-ZIP	BROOKSVILLE FL 34602		1.4 CiTy -	\$1-ZIP			
TITLE	D	DELETE	2.1 TITLE			Chang	e [_] Addition
NAME	11220 1100021 11111111 0-		2.2 NAME				
STREET ADDRESS	25642 HAYMAN RD	4	2.3 STREE	I ADDRESS			
CITY-ST-ZIP	HVERNESS-FL BROOK	SUILLE H-	2. 4 CITY	- S1 - ZIP			1
TITLE	D	DELETE	3.1 TITLE			L Chang	e 🔲 Addition
NAME	AMICK, SHELIA D		3 2 NAME				
STREET ADDRESS	25642 HAYMAN DR.		1	1 ADDRESS			1
CITY-ST-ZIP	BROOKSVILLE FL	Taries	3 4. CITY	-ST-ZIP		Phone	e Addition
T∣TL€		[] DELETE	4 1 TITLE			Chang	E LIMBORA LI
NAME			4 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		- Decemen	4.4 CITY-	S1-7/P		Chang	no Addition
TITLE		DELETE	5.1 TITLE			L Chang	ge [_] Addition
NAME			5.2 NAME				1
STREET ADDRESS				1 ADDRESS			
CITY-ST-7IP		Delete	5.4 CITY-			Chang	ne Addition
TITL€		☐ DELETE	6.1 TITLE	Į į			io First Magness
NAME			6.2 NAME	1			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CI1Y	S1-ZIP			

14. Thereby 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 eath; that I am an officer or director of the corporation of the receiver of 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.

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