

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90133 037 ***150.00

DOCUMENT # P96000038771

1. Corporation Name
DOUBLE EAGLE FISHING COMPANY, INC.



Principal Place of Business
33432 E. PICCIOLA DRIVE
FRUITLAND PARK FL 34731

Mailing Address
POST OFFICE BOX 798
LONG KEY FL 33001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1996

4. FEI Number

NOT APPLICABLE

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 PO BOX 5569
Suite, Apt. #, etc.

2a. Mailing Address

26 PO BOX 5569
Suite, Apt. #, etc.

23 City & State

KEY WEST FL

28 City & State

KEY WEST FL

24 Zip

33045

Country

USA

29 Zip

33045

Country

USA

9. Name and Address of Current Registered Agent

GOETZ, JAMES C
33432 E. PICCIOLA DRIVE
FRUITLAND PARK FL 34731

10. Name and Address of New Registered Agent

81 Name GOETZ, JAMES C.
82 Street Address (P.O. Box Number is Not Acceptable)
6401 MALONEY AVE.
83
84 City KEY WEST FL 85 Zip Code 33040

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)

4-13-99
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME GOETZ, JAMES C
STREET ADDRESS 33432 E. PICCIOLA DRIVE
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE D ☒ DELETE
NAME NORWOOD, JOHN F
STREET ADDRESS 100 WEST 63RD ST., OCEAN
CITY-ST-ZIP MARATHON FL 33050

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME GOETZ, JAMES C.
1.3 STREET ADDRESS 6401 MALONEY AVE
1.4 CITY-ST-ZIP KEY WEST, FL 33040

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-13-99
Date

305 294 2485
Daytime Phone #

CR2E034 (11/98)

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