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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000067815 (6)

RED FISH RANGLERS, INC.

SIGNATURE:

Principal Place of Business Mailing Address 17281 EAGLEVIEW LN 17261 EAGLEVIEW LN CAPE CORAL FL 33909 CAPE CORAL FL 33909-3014 3. Date Incorporated or Qualified 3a. Date of Last Report 08/12/1996 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 **Trust Fund Contribution** 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Ζip Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CURRY, VICTOR L 17261 EAGLEVIEW LN 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33909 83 Zip Code City 11. Pursuant to the previsions 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and tire if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE Y. Victor L TITLE CURRY, VICTOR L NAME 1.2 NAME Eagleview Lh. 17261 EAGLEVIEW LN 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33909 1.4 City - St - ZIP CITY - S1 - ZIF Addition DELETE Change 21 TITLE TIT. F MOODY, WILLIAM S 22 NAME NAME 4302 SE 5TH AVE #2 23 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 2.4 CITY-ST-ZIP CITY - ST - 74P Change \_\_ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP City-St-ZiP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CH1Y - S1 - 20F DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CHIY-ST-ZIE 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 changes, or on an attachment with an address.