## 4-23-97 B-5236 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS FILED Apr 23 1997 8:00am Secretary of State

| DOCUMENT # P96000082262 (2) 1. Corporation Name BILLY'S BAIT & TACKLE INC.   |  |   |                        |  |                          |   |  |  |   |  |                         |                  |                              |   |
|--|--|---|------------------------|--|--------------------------|---|--|--|---|--|-------------------------|------------------|------------------------------|---|
| Principal Plac   | e of Business  |   | M                      | ailing Addres                                      | s                        |   |  |  |   | (O YOU'D BUILD ONLY SAUL                                       |                         |                  |                              |   |
| Principal Place of Business<br>IS9 PERIWINKLE WAY<br>SANIBEL ISLAND FL 33957   |  |   | 359                    | 359 PERIWINKLE WAY<br>SANIBEL ISLAND FL 33957-7407 |                          |   |  |  |   |  |                         |                  |                              |   |
|  |  |   |                        |  |                          |   |  |  | 3. Date Inco<br>10/02/19                | rporated or Qualifi<br>996                                     | ed                      | 3a, Date         | e of Last                    | Report  |
| 2. Principal P   | lace of Busine   | 988   | 28.                    | . Mailing Add                                      | lress                    | *****   |  |  | 4. FEI Numb                             | oer  | 1                       |                  |                              | Applied For                                       |
| 21   |  |   | 26                     | Suite, Apt. #                                      | t ata                    |   |  |  | 65.4                                    | 069580   |                         | <del></del>      |                              | Not Applicable                                    |
| Suite, Apt.  | # QU.  |   | 27                     | Suite, Apt. #                                      | F, OIC.                  |   |  |  | 5. Certificate                          | of Status Desired  | Ī                       |                  |                              | Additional<br>Regulred                            |
| City & Stat  | ie   | **************************************  | 21                     | City & State                                       |                          |   | · · · · · · · · · · · · · · · · · · ·  |  | 6 Flection (                            | Campaign Financin  | na .                    |                  |                              | May Be  |
| :3   |  |   | 28                     |  | •                        |   |  |  |   | d Contribution   | . [                     |                  |                              | d to Fees   |
| Zip<br>24  | [  | Country<br>15   | 29                     | Zip  |                          | 30  | ountry   |  | 8. This corporate                       | oration has liability  |                         | angible t        |                              | s. 199.032,                                       |
| 1  |  | and Address of Curre  |                        | stered Agent                                       |                          | 1001  | T  | ······································   |   | d Address of New   |                         |                  |                              |   |
|  | OS, WILLIAM  |   |                        |  |                          |   | 81   | Name   |   |  |                         |                  |                              |   |
|  | LAGOON DE  |   |                        |  |                          |   | 62   | Street Add   | iress (P.O. Box N                       | umber is Not Acce  | ptable                  | )                | <del></del>                  |   |
| SAN  | IIBEL ISLANI   | ) FL 33957  |                        |  |                          |   | 83   | ·  | <del></del>                             |  |                         |                  |                              |   |
|  |  |   |                        |  |                          |   | 83   |  |   |  |                         |                  |                              |   |
|  |  |   |                        |  |                          |   | 84   | City   | *************************************** |  | ··· <del>···</del> ···· | FL               | 85 Zi                        | Code  |
| 11. Pursuant office or r   | to the provise<br>registered age                                     | ons of Sections 607.05<br>ent, or both, in the Stat   | 02 and 6<br>e of Flori | 007.1508, Flor                                     | ida Statut<br>nge was a  | es, the   | above<br>zed by  | •  | poration submits<br>tion's board of di  | this statement for t<br>rectors. I hereby ac                   | he pur                  | pose of o        | changing<br>intment          | its registered<br>is registered                   |
|  |  | ons of Sections 607.05<br>rnt, or both, in the Stat<br>n, and accept the oblig<br>printed name of registered as |                        |  |                          |   |  | -named cor<br>the corpora  | ired when reinstating)                  |  |                         | pose of the appo |                              |   |
| SIGNATURE  |  |   | gent and the           | e if applicable.<br>CTORS                          | TOA)                     | E: Registe  | ared Ager<br>3.  | -named cor<br>the corpora  | ired when reinstating)                  | this statement for t<br>rectors. I hereby ac<br>S/CHANGES TO O |                         | pose of the appo | DIRECTO                      | ORS IN 12   |
| SIGNATURE  12. TITLE   | Signal in type of  | r printed name of registered as<br>OFFICERS AT  | gent and the           | e if applicable.<br>CTORS                          |                          | E: Registe  | ared Ager<br><b>3.</b><br>TITLE  | -named cor<br>the corpora  | ired when reinstating)                  |  |                         | pose of the appo |                              | ORS IN 12   |
| SIGNATURE  12.  THEE  NAME   | P<br>DAKOS, W  | e printed name of registered as<br>OFFICERS AN  | gent and the           | e if applicable.<br>CTORS                          | TOA)                     | E: Registe<br>1.1<br>1.2  | ared Ager  3. TITLE NAME   | named cor<br>the corpora   | ired when reinstating)                  |  |                         | pose of the appo | DIRECTO                      | ORS IN 12   |
| SIGNATURE  12. THEE NAME SIRELT ADDRESS  | P<br>DAKOS, W<br>529 LAGO  | Printed name of registered as<br>OFFICERS AT<br>TILLIAM R<br>ON DR  | gent and the           | e if applicable.<br>CTORS                          | TOA)                     | E: Registe<br>1.1<br>1.2<br>1.3   | ared Agen<br>3.<br>TITLE<br>NAME<br>STREET   | -harned cor<br>the corpora<br>nt signature requi   | ired when reinstating)                  |  |                         | pose of the appo | DIRECTO                      | ORS IN 12   |
| SIGNATURE  12. THEE NAME SIRELT ADDRESS CHY-ST-ZIP   | P<br>DAKOS, W<br>529 LAGO  | e printed name of registered as<br>OFFICERS AN  | gent and the           | e il applicable.<br>CTORS                          | TOA)                     | E: Registe<br>1.1<br>1.2<br>1.3<br>1.4  | ared Ager  3. TITLE NAME   | -harned cor<br>the corpora<br>nt signature requi   | ired when reinstating)                  |  |                         | DATE<br>RS AND   | DIRECTO                      | ORS IN 12   |
| SIGNATURE  12. THEE NAME SIRELT ADDRESS CHY-ST-ZIP THEE  | P<br>DAKOS, W<br>529 LAGO<br>SANIBEL I<br>ST<br>DAKOS, R             | Printed name of registered as<br>OFFICERS AT<br>TILLIAM R<br>ON DR<br>SLAND FL 33957<br>OSEMARY                 | gent and the           | e il applicable.<br>CTORS                          | (NOT                     | E: Registe  1.1 1.2 1.3 1.4 2.1   | 3. TITLE NAME STREET   | -harned cor<br>the corpora<br>nt signature requi   | ired when reinstating)                  |  |                         | DATE<br>RS AND   | DIRECTO Change               | ORS IN 12   |
| SIGNATURE  12.  THE  NAME  SIRELT ADDRESS  GITY- ST- 24P  THE  NAME  | P<br>DAKOS, W<br>529 LAGO<br>SANIBEL I<br>ST<br>DAKOS, R<br>529 LAGO | Printed name of registered as<br>OFFICERS AT<br>TILLIAM R<br>ON DR<br>SLAND FL 33957<br>OSEMARY<br>ON DR        | gent and the           | e il applicable.<br>CTORS                          | (NOT                     | E: Registe<br>1.1<br>1.2<br>1.3<br>1.4<br>2.1<br>2.2  | 3. TITLE NAME STREET / CITY-ST   | -harned cor, the corporal at signature required to the corporal at sig | ired when reinstating)                  |  |                         | DATE<br>RS AND   | DIRECTO Change               | ORS IN 12   |
| SIGNATURE  12. THLE NAME SIRELT ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP   | P<br>DAKOS, W<br>529 LAGO<br>SANIBEL I<br>ST<br>DAKOS, R<br>529 LAGO | Printed name of registered as<br>OFFICERS AT<br>TILLIAM R<br>ON DR<br>SLAND FL 33957<br>OSEMARY                 | gent and the           | e il applicatio. CTORS                             | CNOT                     | E: Registe<br>1.1<br>1.2<br>1.3<br>1.4<br>2.1<br>2.2<br>2.3   | Ager  TITLE  NAME  STREET /  I CITY-ST  TITLE  NAME  NAME  STREET /  GUTY-S  | -harned cor, the corporal risignature required and page 5.2 in ADDRESS   | ired when reinstating)                  |  |                         | pose of the appo | DIRECTO Change               | DRS IN 12  Addition                               |
| SIGNATURE  12. THEE NAME SIRELT ADDRESS CITY: ST. 2/P THEE NAME STREET ADDRESS CITY: ST. 7/P THEE  | P<br>DAKOS, W<br>529 LAGO<br>SANIBEL I<br>ST<br>DAKOS, R<br>529 LAGO | Printed name of registered as<br>OFFICERS AT<br>TILLIAM R<br>ON DR<br>SLAND FL 33957<br>OSEMARY<br>ON DR        | gent and the           | e il applicatio. CTORS                             | (NOT                     | E: Registe  1.1  1.2  1.3  1.4  2.1  2.2  2.3  2.  3.1  | 3. TITLE NAME STREET / I CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST   | -harned cor, the corporal risignature required and page 5.2 in ADDRESS   | ired when reinstating)                  |  |                         | pose of the appo | DIRECTO Change               | DRS IN 12  Addition                               |
| SIGNATURE  12. THEE NAME SIRELT ADDRESS CITY: ST. 2IP THEE NAME STREET ADDRESS CITY: ST. 7IP THEE NAME   | P<br>DAKOS, W<br>529 LAGO<br>SANIBEL I<br>ST<br>DAKOS, R<br>529 LAGO | Printed name of registered as<br>OFFICERS AT<br>TILLIAM R<br>ON DR<br>SLAND FL 33957<br>OSEMARY<br>ON DR        | gent and the           | e il applicatio. CTORS                             | CNOT                     | E. Registe  1.1 1.2 1.3 1.4 2.1 2.2 3.1 3.2   | 3. TITLE NAME STREET / I CITY-ST TITLE NAME STREET / CITY-ST TITLE STREET / 4 CITY-S I TITLE   | ADDRESS 1-ZIP  | ired when reinstating)                  |  |                         | pose of the appo | DIRECTO Change               | DRS IN 12  Addition                               |
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