

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

97 OCT -9 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000086106 (7)**

1. Corporation Name  
**DANE TRAWLER CO., INC**



Principal Place of Business  
**1675 CLINCH DRIVE  
FERNANDINA BEACH FL 32034**

Mailing Address  
**1675 CLINCH DRIVE  
FERNANDINA BEACH FL 32034**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
**10/18/1996**

3a. Date of Last Report

4. FEI Number

**59-3411496**

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 or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**POULSEN, SOREN M  
1675 CLINCH DRIVE  
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81 Name **Henry T. Poulsen**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **1675 Clinch Dr.**  
84 City **Fernandina Bch.** FL 85 Zip Code **32034**

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: *Henry T. Poulsen*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

**PD  
POULSEN, HENRY T  
1675 CLINCH DRIVE  
FERNANDINA BEACH FL 32034**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

**VSTD  
POULSEN, SOREN M  
1675 CLINCH DRIVE  
FERNANDINA BEACH FL 32034**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

**600002321196-016  
-10/15/97--0190--016  
\*\*\*\*550.00 \*\*\*\*550.00**

*UB  
10-13-97*

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.

SIGNATURE: *Henry T. Poulsen*

*9/15-97*

*204-261-9612*

CR2E034 (4/97)