## 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 # P970000 OUTDOOR PRODUCTS GROUP, INC. P97000007507 (1)

## **FILED** Apr 15 1998 8:00am Secretary of State



Principal Place		Mailing Address			
5795 JOHN GIVENS ROAD		5785 JOHN GIVENS RUAD			
CRESTVIEW FL 92536—		ORESTVIEW FL'32596→		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				01/17/1997	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	H ale		)K	59-3+25892	Not Applicable
Suite, Apt	#, <b>e</b> 1C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
22 City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23	-	28 NICEVILLE FO	4	Trust Fund Contribution	Added to Fees
I ZIP	Country	Zip	Country	8. This corporation owes or has paid the c	••
24 3253			O USA	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	1 Agent
	ET, H B		81 Name		
1201 EGLIN PARKWAY			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SHALIMAR FL 32579			83	.,	
			84 City	FI	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-pamed 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 OFFICERS AND		Registered Agent signature requi		ID DIDECTORS IN 10
12.	D OFFICERS AND	DELETE	13. 1.1 TRILE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	MOLITORIS, MICHAEL JR		1.2 NAME		
STREET ADDRESS	900 BAY DRIVE #57		1.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL 32578		1.4 CITY-ST-ZIP		
TITLE	0	☐ DELETE	2.1 TITLE		Change Addition
NAME	HASSETT, THOMAS J JR		2.2 NAME		
STREET ADDRESS	101 OLD FERRY RD. #15D		2.3 STREET ADDRESS		
CITY+ST-ZIP	SHALIMAR FL 32579		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	•	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T priete	3.4. CITY-ST-ZłP		[] (Starte   ] (Address)
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		La viceria	52 NAME		and crowings had reduced
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-SE-ZIP		
44 I horobu o	artify that the information coopline with	this filips does not qualify for	the exemption stated in	Section 110 07/3Vi) Florida Statutos I further o	actifuthat 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 affectment with an address.