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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000027039 (1)

1. Corporation Name

EASTWIND FISHING COMPANY

Principal Place of Business

1110 TRUMAN AVENUE
KEY WEST FL 33040

Mailing Address

1110 TRUMAN AVENUE
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

☒ 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

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

9. Name and Address of Current Registered Agent

SMITH, LEW GORDON JR
1110 TRUMAN AVENUE
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 PAULETTE K. SMITH

82 Street Address (P.O. Box Number is Not Acceptable)

1110 TRUMAN AVENUE

83 KEY WEST

84 City

FL

85 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)

DATE

4/20/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, LEW GORDON JR
STREET ADDRESS 1110 TRUMAN AVENUE
CITY-ST-ZIP KEY WEST FL 33040 ☐ 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 PD
1.2 NAME SMITH, LEW GORDON JR
1.3 STREET ADDRESS 1110 TRUMAN AVENUE
1.4 CITY-ST-ZIP KEY WEST, FL 33040 ☒ Change ☐ Addition

2.1 TITLE VP D
2.2 NAME PAULETTE K. SMITH
2.3 STREET ADDRESS 1110 TRUMAN AVENUE
2.4 CITY-ST-ZIP KEY WEST, FL 33040 ☐ Change ☒ Addition

3.1 TITLE SD
3.2 NAME BASCOM L GROOMS III
3.3 STREET ADDRESS 11 THOMPSON LANE
3.4 CITY-ST-ZIP KEY WEST FL 33040 ☐ Change ☒ Addition

4.1 TITLE TD
4.2 NAME JUSTIN GROOMS
4.3 STREET ADDRESS 1405 VERNON AVENUE
4.4 CITY-ST-ZIP KEY WEST, FL 33040 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

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***150.00

4/24/98 305-294-3735

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