

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000043956**1. Entity Name  
**JOHNSTON TACKLE CORPORATION**

Principal Place of Business	Mailing Address
4350 US HIGHWAY 1	4350 US HIGHWAY 1
VERO BEACH FL 32967	VERO BEACH FL 32967

2. Principal Place of Business  
4380 US HIGHWAY 13. Mailing Address  
4380 US HIGHWAY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
VERO BEACH FLCity & State  
VERO BEACH FL4. FEI Number  
**65-0780882**Applied For  
Not ApplicableZip Country  
329675. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MOORE JOHN EIII**  
**5070 N. HWY A1A STE 200****VERO BEACH FL 32963**

Name

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

City

**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ **04/28/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSTON ALBERT SIII	
STREET ADDRESS	4350 US HIGHWAY 1	
CITY-ST-ZIP	VERO BEACH FL 32967	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON ALBERT SIII	
STREET ADDRESS	4380 US HIGHWAY 1	
CITY-ST-ZIP	VERO BEACH FL 32967	

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSTON ALBERT SIV	
STREET ADDRESS	6645 110TH PLACE	
CITY-ST-ZIP	SEBASTIAN FL 32958	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON ALBERT SIII	
STREET ADDRESS	4380 US HIGHWAY 1	
CITY-ST-ZIP	VERO BEACH FL 32967	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: A S JOHNSTON III**

PD 04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)