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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000056456

1. Corporation Name

ANGLER'S CHOICE RIGS, INC.

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261	SE	W	HTMC	RE	DR.
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FILED Mar 03, 1999 8:00 am **Secretary of State**

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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Added to Fees Zip Personal Property Tax. 9. Name and Address of Current Registered Agent LAWS, WILLIAM H 261 SE WHITMORE DR. PORT ST. LUCIE FL 34984 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 5. Certifcate of Status Desired Fee Required Strust Fund Contribution Added to Fees Strip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code	Principal Place of Business	Mailing Address							
2. Principal Place of Business 2. Mailing Address 3. Fel Number NOT: APPLICABLE Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Trust Fund Contribution Fee Required Trust Fund Contribution Trust Fu					+ · · · · · · · · · · · · · · · · · · ·				
Suite, Apt. #, etc. Suite Apt. #, et					l · · · · · · · · · · · · · · · · · · ·				
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Place of Business	2a. Mailing Address							
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City & State City & State 28 City & State 28 City & State City & State 28 City & State 28 Country Country Country Zip Country Zip Country Zip Country Section Country Section Country Country Section Country	Suite, Apt. #, etc.	— <u> </u>	¬ ' ' '		5 Cortiforto of Status Desired \$8.75 Additional				
Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LAWS, WILLIAM H 261 SE WHITMORE DR. PORT ST. LUCIE FL 34984 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	City & State	City & State							
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SIGNATURE Signature Night or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	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.								
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 ☐ Addition DELETE 1.1 TITLE Change TITLE LAWS, SUSAN M 1.2 NAME NAME 261 SE WHITMORE DR. 1.3 STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 34984 14 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME LAWS, ROBERT R 261 SE WHITMORE DR. 2.3 STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 34984 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE TITLE STD 3.1 TITLE LAWS, WILLIAM H 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 261 SE WHITMORE DR. PORT ST. LUCIE FL 34984 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change | 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 eccuse 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. First all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)