

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jul 28 1998 8:00 am  
Secretary of State

DOCUMENT # P97000070648 (5)  
1. Corporation Name  
BROKE-A-TOE OUTDOOR SUPPLIES & SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1151 CAPE SAN BLAS RD  
PORT ST JOE FL 32456

Mailing Address  
P O BOX 486  
PORT ST JOE FL 32457

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

3. Date Incorporated or Qualified

08/14/1997

4. FEI Number  
593461808  
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

BROCATO, TOM  
1151 CAPE SAN BLAS RD  
PORT ST JOE FL 32456

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPVS  
BROCATO, TOM  
1151 CAPE SAN BLAS RD  
PORT ST JOE FL 32456  
☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BROCATO, TOM  
1151 CAPE SAN BLAS RD  
PORT ST JOE FL 32456  
☐ 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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
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  
☐ Change ☐ Addition  
700002603487  
-07/31/98--01007--050  
\*\*\*150.00  
☐ Change ☐ Addition  
JUL 28 1998

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

CR2E034 (5/98)

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Division of Corporations  
Annual Reports Filings  
PO Box 6327  
Tallahassee, FL ~~32302-1500~~  
32314

July 7, 1998

To whom it concerns,

I am forwarding this report the day that I receive it. Besides being my very first annual report filed, it is the first annual report form that I have EVER received. I have enclosed a \$150.00 fee along with this report and letter. I feel that I should not be penalized for not receiving any previous forms. Hopefully you will accept this and inform me how I can insure that I receive a form ahead of time. Thank you.

Sincerely,



Tom Brocato  
Broke-a-toe's Outdoor Supplies and Services  
850 229-WAVE  
850 229-8991 fax  
[broc@digitalexp.com](mailto:broc@digitalexp.com)

Ps. This letter was initially sent to PO Box 1500, a form letter was returned to me with a negative response. After contacting Amy, 850 487-6000, I am forwarding this letter to the above PO Box per her direction. Thank you for your assistance. TB