

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90078 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000065952

1. Corporation Name

ADDICTIVE FISHING, INC.

Principal Place of Business

 C/O KEVIN L. MCCABE
 225 MAIN STREET
 SAFETY HARBOR FL 34695

Mailing Address

 C/O KEVIN L. MCCABE
 225 MAIN STREET
 SAFETY HARBOR FL 34695


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1998

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 225 Main St. #D

Suite, Apt. #, etc.

2a. Mailing Address

2a 225 Main St. #D

Suite, Apt. #, etc.

City & State

22 Safety Harbor, FL

Zip

24 34695

Country

25 USA

City & State

28 Safety Harbor, FL

Zip

29 34695

Country

30 USA

9. Name and Address of Current Registered Agent

 TILLEY, MICHAEL R
 2000 GLADES ROAD
 SUITE 208
 BOCA RATON FL 33431

10. Name and Address of New Registered Agent

 81 Name Kevin L. McCabe
 82 Street Address (P.O. Box Number Is Not Acceptable)
 225 Main Street, Studio #D
 83
 84 City Safety Harbor FL 85 Zip Code 34695

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

Kevin L. McCabe

1/27/99

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	McCabe, Kevin L.	
STREET ADDRESS	225 Main St., Studio D	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Blair Wiggins	
STREET ADDRESS	5990 Gilson Avenue	
CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Cari Lynn Wiggins	
STREET ADDRESS	5990 Gilson Avenue	
CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Loretta Taylor	
STREET ADDRESS	225 Main Street, Studio D	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

Kevin L. McCabe

1/27/99

727-799-2527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)