

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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90100 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000099561

1. Corporation Name
CBC FISHING ADVENTURES, INC.

Principal Place of Business
3839 HUNT CLUB ROAD
JACKSONVILLE FL 32224

Mailing Address
3839 HUNT CLUB ROAD
JACKSONVILLE FL 32224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1998

4. FEI Number

59-3545083

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 PO Box 2

Suite, Apt. #, etc.

22

City & State

23 Mayport, Florida

Zip

24 32267-0002

Country

2a. Mailing Address

26 PO Box 2

Suite, Apt. #, etc.

27

City & State

28 Mayport, Florida

Zip

29 32267-0002

Country

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Carl N. Cannon

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

11457 Fort George Road

83

84 City Jacksonville

FL

85 Zip Code 32226

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 Carl N. Cannon President

Carl N. Cannon

4/4/99

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 PD
NAME CANNON, CARL N
STREET ADDRESS 3839 HUNT CLUB ROAD
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ DELETE

TITLE VD
NAME CANNON, C B
STREET ADDRESS 3839 HUNT CLUB ROAD
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ DELETE

TITLE STD
NAME CANNON, RITA R
STREET ADDRESS 3839 HUNT CLUB ROAD
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ 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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 11457 Fort George Road
1.4 CITY-ST-ZIP Jacksonville, FL 32226

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4993 SAN PABLO Rd S.
2.4 CITY-ST-ZIP Jacksonville, FL 32224

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 11457 Fort George Road
3.4 CITY-ST-ZIP Jacksonville, FL 32226

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ 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:

Carl N. Cannon

4/4/99

904 359 4151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)