

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90094 047 \*\*\*150.00

DOCUMENT # P98000103118

1. Corporation Name  
FLORIDA OUTDOORS HOLDINGS, INC.



Principal Place of Business  
3727 S.E. OCEAN BOULEVARD  
SUITE 202  
STUART FL 34996

Mailing Address  
3727 S.E. OCEAN BOULEVARD  
SUITE 202  
STUART FL 34996

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 1150 S. FEDERAL HWY.  
Suite, Apt. #, etc.  
22 STUART FLA.  
City & State  
23 34994  
Zip  
24 Country U.S.A.

2a. Mailing Address  
26 1150 S. FEDERAL HWY.  
Suite, Apt. #, etc.  
27  
City & State  
28 STUART FLORIDA  
Zip  
29 34994  
Country U.S.A.

3. Date Incorporated or Qualified  
12/09/1998

4. FEI Number  
Applied For  
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

7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
SOUSA, LOUIS E  
3727 S.E. OCEAN BOULEVARD  
SUITE 202  
STUART FL 34996  
New Address

10. Name and Address of New Registered Agent

81 Name LOUIS E SOUSA  
82 Street Address (P.O. Box Number is Not Acceptable)  
1150 S. FEDERAL HWY.  
83  
84 City STUART FL 85 Zip Code 34994

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P.
NAME	SOUSA, LOUIS E	1.2 NAME	LOUIS E SOUSA
STREET ADDRESS	3727 S.E. OCEAN BOULEVARD, SUITE 202	1.3 STREET ADDRESS	1150 S. FEDERAL HWY.
CITY-ST-ZIP	STUART FL 34996	1.4 CITY-ST-ZIP	STUART FLA. 34994
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	S/D.
NAME		2.2 NAME	MICHAEL SPIELLES
STREET ADDRESS		2.3 STREET ADDRESS	1150 S. FEDERAL HWY.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	STUART FLORIDA 34994
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ Date: 5/1/99 Daytime Phone #: 561-288-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)