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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S06072 1. Corporation Name

PASS-A-GRILLE BAIT & TACKLE CO.

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

02-17-1999 90077 047 ***150.00



801 PASS-A-GRI ST. PETE BEAC US		111-12TH AVENUE ST.PETERSBURG BEACH FL	33706		DO NOT WRITE IN THIS SP 3. Date Incorporated or Qualifed 10/16/1990	ACE	
2. Principal Place of Business 2a. Mailing Address			·		4. FEI Number	Applied	For
21 26		26	<u></u>		59-3034740	Not App	
		Suite, Apt. #, etc.			5. Certificate of Status Desired		
<u> </u>		City & State	. & State		S. Florier Company Financing	\$5.00 May	
 ¬ '		28 28 28 28 28 28 28 28 28 28 28 28 28 2	ony a date		6. Election Campaign Financing Trust Fund Contribution	Added to Fee	
23 [Zip	Country		Zip Country		8. This corporation owes the current year Intang		
24	25 29		30		· · · · · · · · · · · · · · · · · ·	Yes □No	ь
<u> </u>	9. Name and Address of Current	_ 	''		10. Name and Address of New Registered Ag	ent	
	C. Friday		81	Name			
ERCIUS, WALTER R			82	Street Ac	dress (P.O. Box Number is Not Acceptable)		
111 12TH AVE			102	Sireer Ad	idress (P.O. Box Number is Not Acceptable)	<u></u>	
ST PETERSBURG BCH. FL 33706-4205			83				! ; .
			84	City		35 Zip Code	* 132
44 Directors	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the abov	e-named co	propration submits this statement for the purpose of characteristics board of directors. I hereby accept the appointment	nging its regis	tered
	egistered agent, or both, in the State of familiar with, and accept the obligat				ation's board of directors. I hereby accept the appointm	ent as register	ed
SIGNATURE		MOTE D		-t -it	ired when reinstating) DATE		_
12.	Signature, typed or printed name of registered agen- OFFICERS AN		13.	it signature requ	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS II	N 12
TITLE	PD	□ DELETE	1,1 TITLE] Addition
NAME	ERCIUS, WALTER R.		1.2 NAME	1			
STREET ADDRESS	111 12TH AVENUE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	ST.PETERSBURG BCH FL		1.4 CITY-S	T-ZIP	<u>, </u>		
TITLE	VD	☐ DELETE	2.1 TITLE			Change] Addition
NAME	TURNER, CHRIS	•	2.2 NAME				
STREET ADDRESS	111 12TH AVENUE		2.3 STREE	TADDRESS			
CITY-ST-ZIP	ST.PETERSBURG BCH FL	. <u></u>	2, 4 CITY-	ST-ZIP	·		
TITLE	SD	☐ DELETE	3.1 TITLE] Change	Addition
NAME	TURNER, GENE		3.2 NAME	,		•	
STREET ADDRESS	111 12TH AVENUE		3.3 STREE	TADDRESS		Sec. 4 (12)	uni da 📗
CITY-ST-ZIP	ST.PETERSBURG BCH FL		3.4. CITY-3	ST-ZIP	1.12.10		1.75
ΠΊLE			4.1 TITLE			Change 🐪 🗌	Addition
NAME ,		☐ DELETE	•		, , , , , , , ,		
STREET ADDRESS		☐ DELETE	4. 2 NAME		, , , , , , , , , , , , , , , , , , ,		
		☐ DELETE		TADDRESS	, , , , , , ,		
CITY-ST-ZIP				TADDRESS			
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	4.3 STREE 4.4 CITY-S 5.1 TITLE	TADDRESS] Change] Addition
			4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS] Change 🔲] Addition
TITLE			4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	TADDRESS ST-ZIP TADDRESS] Change 🔲] Addition
TITLE NAME	#C	☐ DELETE	4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	TADDRESS ST-ZIP TADDRESS	C		<u>-</u>
TITLE NAME STREET ADDRESS			4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE	TADDRESS ST-ZIP TADDRESS	C		Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FOR SECTION OF THE SE	☐ DELETE	4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	TADDRESS ST-ZIP TADDRESS	C		<u>-</u>

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.

6.4 CITY-ST-ZIP