

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # **S41682**

(3)

95 MAY 10 AM 10:35

E. CARVER PUMPING SERVICE INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **8161 COLVILLE ST
JACKSONVILLE FL 32220**
Mailing Address: **BOX 397
JACKSONVILLE FL 32220
US**

(DO NOT WRITE IN THIS SPACE)

1. Date of Incorporation or Qualification 03/28/1991		3a. Date of Last Report 05/01/1994	
2. Filing Number 59-3082361		3b. Application For Not Applicable	
3. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		4. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
5. This corporation has liability insurance for under \$ 199,032 Florida Statute ☒ Yes ☐ No		6. This corporation has liability insurance for under \$ 199,032 Florida Statute ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent CARVER, MEL E. 8161 COLVILLE ST. JACKSONVILLE FL 32220		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9444 DERBY ACRES LANE 83 84 City FL 85 32220	
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11. I, the undersigned, for the purpose of changing its registered office or registered agent or both in the State of Florida, each 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 607.03(1)(b), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
12.1 NAME PT CARVER, MEL E. 8161 COLVILLE ST JACKSONVILLE FL	12.2 STREET ADDRESS 8161 COLVILLE ST JACKSONVILLE FL 32220	13.1 NAME PT CARVER, MEL E. 8161 COLVILLE ST JACKSONVILLE FL	13.2 STREET ADDRESS 8161 COLVILLE ST JACKSONVILLE FL 32220
12.3 NAME	12.4 STREET ADDRESS	13.3 NAME	13.4 STREET ADDRESS
12.5 NAME	12.6 STREET ADDRESS	13.5 NAME	13.6 STREET ADDRESS
12.7 NAME	12.8 STREET ADDRESS	13.7 NAME	13.8 STREET ADDRESS
12.9 NAME	12.10 STREET ADDRESS	13.9 NAME	13.10 STREET ADDRESS
12.11 NAME	12.12 STREET ADDRESS	13.11 NAME	13.12 STREET ADDRESS
12.13 NAME	12.14 STREET ADDRESS	13.13 NAME	13.14 STREET ADDRESS
12.15 NAME	12.16 STREET ADDRESS	13.15 NAME	13.16 STREET ADDRESS
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12.71 NAME	12.72 STREET ADDRESS	13.71 NAME	13.72 STREET ADDRESS
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12.81 NAME	12.82 STREET ADDRESS	13.81 NAME	13.82 STREET ADDRESS
12.83 NAME	12.84 STREET ADDRESS	13.83 NAME	13.84 STREET ADDRESS
12.85 NAME	12.86 STREET ADDRESS	13.85 NAME	13.86 STREET ADDRESS
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12.89 NAME	12.90 STREET ADDRESS	13.89 NAME	13.90 STREET ADDRESS
12.91 NAME	12.92 STREET ADDRESS	13.91 NAME	13.92 STREET ADDRESS
12.93 NAME	12.94 STREET ADDRESS	13.93 NAME	13.94 STREET ADDRESS
12.95 NAME	12.96 STREET ADDRESS	13.95 NAME	13.96 STREET ADDRESS
12.97 NAME	12.98 STREET ADDRESS	13.97 NAME	13.98 STREET ADDRESS
12.99 NAME	12.100 STREET ADDRESS	13.99 NAME	13.100 STREET ADDRESS

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.03(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. This report is filed on behalf of the corporation or the corporation's board of directors or authorized officer and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Mel E. Carver* **5/2/95** **904783-6545**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Tallahassee, Florida
Office of the Secretary of State
Tallahassee, Florida

DOCUMENT # S42224

(3)

FISHERMAN'S EDGE TACKLE, INC.

1995-08-25

1995-08-25

4425 PLACIDA ROAD
GROVE CITY FL 34224

4425 PLACIDA ROAD
GROVE CITY FL 34224

(Please Print or Write in This Space)

3. Date incorporated or organized 04/02/1991
3a. Date of last report 08/15/1994

2. Description of business 21	2b. Mailing Address 26	4. FEI Number 65-0256943	Applied For Not Applicable
22	27	5. Certificate of Status (Current) ☐	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
24	25	29	30
7. This corporation has liability for intangible tax under Fla. Stat. 1991.032 Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent

MACKEY, JAMES E.
20 WINDWARD COURT
CAPE HAZE FL 33947

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.01 and 607.02, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.01 and 607.02, Florida Statutes.

SIGNATURE

James E. Mackey

5-8-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	P MACKEY, JAMES 20 WINDWARD COURT CAPE HAZE FL	1.1 NAME	☐ Change ☐ Addition
NAME	S JONES, CARL 6305 SHALIMAR STREET PORT CHARLOTTE FL	1.2 NAME	☐ Change ☐ Addition
NAME	T JONES, DAVID 1675 MANOR ROAD ENGLEWOOD FL	1.3 NAME	☐ Change ☐ Addition
NAME	VP HYDE, THOMAS 567 PALOMINO TRAIL ENGLEWOOD FL	1.4 NAME	☐ Change ☐ Addition
NAME		1.5 NAME	☐ Change ☐ Addition
NAME		1.6 NAME	☐ Change ☐ Addition
NAME		1.7 NAME	☐ Change ☐ Addition
NAME		1.8 NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes. I further certify that the information included on the 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 this 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 of this report or on an attachment with an address.

SIGNATURE:

James E. Mackey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-95 (813) 697-7595