SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL 19 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S57489** **(4)**

1. Corporation Name
FLORIDA OUTDOOR SPORTS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
161 E. RIDGE RD. STE 202 ISLA FL 33036 US	P. O. BOX 309 TAVERNIER FL 33070 US

3. Date Incorporated or Qualified: 06/05/1991
3a. Date of Last Report: 07/14/1994

2. Principal Place of Business	2a. Mailing Address
21 82670 Overseas Highway	26 P.O. Box 545
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Islamorada FL	28 City & State: Islamorada FL
24 Zip: 33036 25 Country: Monroe	29 Zip: 33036 30 Country: Monroe

4. FEI Number: 65-0281018 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHELDON, PATRIC 82670 OVERSEAS HIGHWAY ISLAMORADA FL 33036	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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	1.1 TITLE	President / Director	☒ Change ☐ Addition
NAME	SKROBECK, GARY	1.2 NAME	Skrobeck, Gary Jr.	
STREET ADDRESS	161 E. RIDGE RD.	1.3 STREET ADDRESS	161 E. Ridge	
CITY-ST-ZIP	ISLA. FL	1.4 CITY-ST-ZIP	Islamorada FL 33036	
TITLE	ST	2.1 TITLE	Vice Pres / Secretary / Director	☒ Change ☒ Addition
NAME	STUMMER, ALLEN	2.2 NAME	Patric Sheldon	
STREET ADDRESS	P O BOX 7152 N/A	2.3 STREET ADDRESS	82670 Overseas Highway	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Islamorada FL 33036	
TITLE		3.1 TITLE	Treasurer / Director	☒ Change ☒ Addition
NAME		3.2 NAME	Lewis N. Lawrence	
STREET ADDRESS		3.3 STREET ADDRESS	1306 50th St	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	West Des Moines IA 50266	
TITLE		4.1 TITLE	Director	☒ Change ☒ Addition
NAME		4.2 NAME	Donald F. Green	
STREET ADDRESS		4.3 STREET ADDRESS	533 Loreto Ave	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Coral Gables FL 33146	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ Director 6/19/95 575-225-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0141498 FP