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

**FILED PROFIT** Apr 22 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S57489 FLORIDA OUTDOOR SPORTS, INC. Principal Place of Business Mailing Address 82670 OVERSEAS HIGHWAY P.O. BOX 545 ISLAMORADA FL 33036 ISLAMORADA FL 33036 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/05/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0281018 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Žip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 25 30 Personal Property Tax due June 30. ☐ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHELDON, PATRIC 82670 OVERSEAS HIGHWAY Street Address (P.O. Box Number is Not Acceptable) ISLAMORADA FL 33036 83 84 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE **Change** TITLE 1.1 TITLE Addition SKROBECK, GARY NAME 1.2 NAME 161 E. RIDGE ROAD STREET ADDRESS 1.3 STREET ADDRESS **ISLAMORADA FL** CITY-ST-ZIP 14 CITY-ST-ZIP **VPSD** TITLE DELETE 2.1 TITLE P/7/0 Change ☐ Addition SHELDON, PATRIC NAME 2.2 NAME **82670 OVERSEAS HIGHWAY** STREET ADDRESS 2.3 STREET ADDRESS ISLAMORADA FL 33036 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE \$/D LAMARCA, GEORGE NAME 3.2 NAME 1300 50TH STREET STREET ADDRESS 3.3 STREET ADDRESS WEST DES MOINES IA CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** 

6.4 CITY-ST-ZIP 14. Thereby 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 use 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

4/8/18

305-852.8989