FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:12

DOCUMENT # **S88179** **(4)**

1. Corporation Name
BAIT SHOP, INC.

Principal Place of Business	Mailing Address
225 N COMMONWEALTH AVE POLK CITY FL 33868	225 N COMMONWEALTH AVE POLK CITY FL 33868

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1991**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — 25
Country — 30

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29

4. FEI Number: **NOT APPLICABLE** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KRIEGER, HAROLD L.
225 N COMMONWEALTH AVE
POLK CITY FL 33868

10. Name and Address of New Registered Agent

81 Name: CARROLL, RONALD C.
82 Street Address (P.O. Box Number is Not Acceptable): 225 N. COMMONWEALTH AVE
83
84 City: POLK CITY FL 85 Zip Code: 33868

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: CARROLL, RONALD C. PD. Ronald C. Carroll DATE: 4/10/95
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	PD	11 TITLE	☐ Change ☐ Addition
NAME	KRIEGER, HAROLD L.	12 NAME	
STREET ADDRESS	225 N COMMONWEALTH AVE	13 STREET ADDRESS	DELETE
CITY ST ZIP	POLK CITY FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	KRIEGER, HAROLD L.	22 NAME	
STREET ADDRESS	225 N COMMONWEALTH AVE	23 STREET ADDRESS	DELETE
CITY ST ZIP	POLK CITY FL	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☒ Change ☐ Addition
NAME	CARROLL, RONALD C	32 NAME	PD CARROLL, RONALD C
STREET ADDRESS	225 N. COMMONWEALTH	33 STREET ADDRESS	225 N. COMMONWEALTH
CITY ST ZIP	POLK CITY FL	34 CITY ST ZIP	POLK, CITY FL.
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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: Ronald C. Carroll — 4-10-95 — (813) 984-3138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RONALD C. CARROLL PRES

0448878 FP