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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$99436

1. Corporation Name

B AND S BAIT AND TACKLE INC

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90231 011 ***150.00

Principal Place	e of Business	Mailing Address					m:#(: #18:: #48:: #18()	, v.v. 21211 1221
7660 N. STATE ROAD 7 POMPANO BEACH FL 33067 7660 N. STATE ROAD 7 POMPANO BEACH FL 33067			067			DO NOT WRITE IN	THIS SPACE	
· · ·						3. Date Incorporated or Qualifed 12/11/1991		
	lace of Business	2a. Mailing Address				4. FEI Number 65-0409462		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27 City & State					Fee F	Required May Be
City & Stat	e ·	28				6. Election Campaign Financing Trust Fund Contribution		to Fees
Zip	Country	Zíp	Cou	ntry		This corporation owes the current yearsonal Property Tax.	ear Intangible	□No
24	25	29	30			10. Name and Address of New Regist		
	9. Name and Address of Curre	nt Registered Agent		81 N	ame	10, Italilo and Address of from Regist		
PRY	OR, MARTHA							
4441 NE 1 TERR				82 S	treet Addr	ess (P.O. Box Number is Not Acceptable)		
POM	IPANO BCH FL 33064			83		_		
				84 C	ity		FL 85 Zip	Code
\ Affica or r	registered agent, or both, in the State im familiar with, and accept the obligation of the state	a of Florida. Such change was ations of, Section 607.0505, F	authorized Iorida Stati かみ尽TH	by the ites. 开户	eorporation Ryok	oration submits this statement for the purpon's board of directors. I hereby accept the	appointment as i	registered
i e		entantitise itanglicable. INU	TE: Registered	Agent sig	nature required	d when reinstating) . PA	ATE	
12		<u> </u>		Agent sig	nature required			ORS IN 12
12.	OFFICERS AI	ND DIRECTORS DELETE	13.		nature required	ADDITIONS/CHANGES TO OFFICE		
	OFFICERS AI	ND DIRECTORS	13.	LE	nature required		RS AND DIRECT	
TITLE	OFFICERS AI PD PRYOR, MARTHA	ND DIRECTORS	13. 1.1 TH	LE			RS AND DIRECT	
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14. 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.

SUJONE REQUIMARTHA PRYOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99