

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 -7 AM 11:42

DOCUMENT # **V07180 (5)**
1. Corporation Name
CAUSEWAY BAIT & TACKLE, INC.

Principal Place of Business Mailing Address
6441 COURTNEY CAMPBELL CAUSEWAY TAMPA FL 33607 **6441 COURTNEY CAMPBELL CAUSEWAY TAMPA FL 33607**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/09/1992** 3a. Date of Last Report **03/08/1994**

2. Principal Place of Business 2a. Mailing Address
21 **6439 Courtney Campbell Causeway** 26 **18904 Arbor Drive**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **TAMPA, FL** 28 **LUTZ FL**
Zip Country Zip Country
24 **33607** 25 **USA** 29 **33049** 30 **USA**

4. FEI Number **59-3106594** 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
SCAGLIONE, RONALD E.
6441 COURTNEY CAMPBELL CAUSEWAY
TAMPA FL 33607

10. Name and Address of New Registered Agent
81 Name **R.E. SCAGLIONE**
82 Street Address (P.O. Box Number is Not Acceptable)
6439 Courtney Campbell Cswy
83 **T**
84 City **TMP** FL 85 Zip Code **33607**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCAGLIONE, RONALD E.
STREET ADDRESS	6441 COURTNEY CAMPBELL
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	GREIF, TIMOTHY D
STREET ADDRESS	3618 W OBISPO STR
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	NO LONGER AN OFFICER
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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 of this report, or in an attachment with an address.

SIGNATURE: **Ronald Scaglione** 3/28/95 813-287-1026