

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V07180

(5)

1. Corporation Name

CAUSEWAY BAIT & TACKLE, INC.



Principal Place of Business

6439 COURTNEY CAMPBELL CAUSEWAY
TAMPA FL 33607
US

Mailing Address

18904 ARBOR DRIVE
LUTZ FL 33549
US

2. Principal Place of Business

21 Suite, Apt. #, etc. 26 PO Box 2308

22 City & State

23 LUTZ FL

24 Zip 25 Country

29 33549 30 Country

9. Name and Address of Current Registered Agent

SCAGLIONE, RONALD E.
6439 COURTNEY CAMPBELL CAUSEWAY
TAMPA FL 33607

3. Date Incorporated or Qualified
01/09/1992

3a. Date of Last Report
04/07/1995

4. FET 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

10. Name and Address of New Registered Agent

81 Name Robert Hobbs

82 Street Address (P.O. Box Number is Not Applicable)

3719 Swann Avenue

83

84 City TAMPA

FL

85 Zip Code 33609

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 type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when making change)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SCAGLIONE, RONALD E.
STREET ADDRESS 6441 COURTNEY CAMPBELL
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE P Dalebroux, James ☒ Change ☐ Addition
2 NAME
3 STREET ADDRESS 6161 Memorial Hwy #511
4 CITY-ST-ZIP TAMPA, FL 33615

2 1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS

3 1 TITLE ☐ Change ☐ Addition
3 NAME
4 STREET ADDRESS

4 1 TITLE ☐ Change ☐ Addition
4 NAME
5 STREET ADDRESS

5 1 TITLE ☐ Change ☐ Addition
5 NAME
6 STREET ADDRESS

6 1 TITLE ☐ Change ☐ Addition
6 NAME
7 STREET ADDRESS

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/96 813-287-1774

CR2E034 (12/95)