

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 # V27869 (9)

1. Corporation Name

PRO LINE OUTDOOR EQUIPMENT, INC.



Principal Place of Business

1225 W THARPE ST
TALLAHASSEE FL 32303

Mailing Address

1225 W THARPE ST
TALLAHASSEE FL 32303

2. Principal Place of Business

21 833 W Tharpe St

Suite, Apt. #, etc.

22

City & State

23 Tallahassee, FL

Zip

24 32303

Country

2a. Mailing Address

25 833 W. Tharpe St

Suite, Apt. #, etc.

27

City & State

28 Tallahassee, FL

Zip

29 32303

Country

9. Name and Address of Current Registered Agent

PENNY, J MILLARD JR
2411 GOTHIC AVE
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified

04/10/1992

3a. Date of Last Report

02/13/1995

4. FEI Number

59-3149722

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

Penny, J Millard Jr

82

Street Address (P.O. Box Number is Not Acceptable)

1812 High Rd

83

84

City

Tallahassee

FL

85

Zip Code

32303

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

PENNY, J MILLARD JR

STREET ADDRESS

2411 GOTHIC AVE

CITY - ST - ZIP

TALLAHASSEE FL

TITLE

D

☐ DELETE

NAME

BENTZ, SCOTT R

STREET ADDRESS

2411 GOTHIC AVE

CITY - ST - ZIP

TALLAHASSEE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

TITLE

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NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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

Date

Daytime Phone #

CR2E034 (12/95)