

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90153 011 ***150.00

DOCUMENT # V27869

1. Corporation Name

PRO LINE OUTDOOR EQUIPMENT, INC.

Principal Place of Business

833 W THARPE ST
TALLAHASSEE FL 32303
US

Mailing Address

833 W THARPE ST
TALLAHASSEE FL 32303
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1992

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2615 Capital Circle NE
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Tallahassee, FL

City & State

27 City & State

Zip

24 32308

Country

25 US

Zip

29

Country

30

9. Name and Address of Current Registered Agent

PENNY, J MILLARD JR
1812 HIGH RD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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.

J. Millard Penny Jr

4/20/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME PENNY, J MILLARD JR
STREET ADDRESS 1812 HIGH RD
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

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 D ☐ Change ☒ Addition
1.2 NAME Kees, Donald R
1.3 STREET ADDRESS 2037 Dyrehaven Dr
1.4 CITY-ST-ZIP Tallahassee, FL 32311

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Penny, J Millard Jr
2.3 STREET ADDRESS 2341 Tuskuilla Rd
2.4 CITY-ST-ZIP Tallahassee, FL 32308

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Bentz, Scott R.
3.3 STREET ADDRESS 9006 Foxwood Drive N
3.4 CITY-ST-ZIP Tallahassee, FL 32308

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE:

SIGNATURE OF MILLARD PENNY JR

Date

4/20/99

850-385-7563

Daytime Phone #

CR2E034 (1/1/98)

0050577