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

**PROFIT** CORPORATION ANNUAL REPORT

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 08 1997 8:00am

## Sandra B. Mortham

	UAL REPORT 1997		Secretary of State DIVISION OF CORPORATIONS				Secretary of State		
	THOUG	250094	{	(0)	·····				
RAFFIEL	.D FISHERIES	S, INC.					a saleta sidar direct dani dalih salii direct	ne seiter Sider dense distre dette	4(4)) (84)
District Library		no company gang ga a space and a space							
Principal Place of Business			**	Mailing Address  CANAL DRIVE: HIGHLAND VIEW			T (BONG TIBE) BITT OF THE COUNTY	))	O1#11 1EQ1
CANAL DRIVE. HIGHLAND VIEW POST OFFICE BOX 309 POST ST. JOE FL 32456			POST OFFICE BOX 309 POST ST. JOE FL 32457-0309						
POSI SI, JUE	: FL 32456		PUS1 81, 30	<i>)</i> E FL 3 <i>0</i> 43/4	309		3. Date Incorporated or Qualified	3a. Date of Last Re	eport
A 65 0 0000			1 82 1000 1	-1-1-0-0	·····		<b>08/09/1961 4.</b> FEI Number	06/28/1996	
2. Principal Fi 21	ace of Business		2a. Mailing A	.aaress			59-0931791	<del> </del>	plied For t Applicable
Suite, Apt	#, etc		Suite, Ap	t. #, etc.			5. Certificate of Status Desired	□ \$8.75 A	Additional
City & State			27 City & Sta	ate			6. Election Campaign Financing	\$5.00	· <u>·</u>
23			28				Trust Fund Contribution	Added to	
Zip	} <b>-</b>	ountry	Zip		Country		8. This corporation has liability for		199.032,
24	9 Name and A	Address of Current	29 Registered Age		30		Florida Statutes  10. Name and Address of New Re	Yes No	
COS	STIN, CECIL G				81	Name			
	REID AVENUE				82	Street Add	ress (P.O. Box Number is Not Acceptal	ble)	
POF	rt st joe fl 3	2458			83		<u> </u>		
					63				
					84	City		FL 85 Zip C	Code
11. Pursuant t	to the provisions o	Sections 607.0502	and 607.1508, F	lorida Statute	as, the above	-named cor	poration submits this statement for the	purpose of changing its	s registered
agent Tai	egisterea agent, o m familiar with, an	r both, in the State of d accept the obligati	r Florida. Such d ions of, Section (	narige was a 607.0505, Flo	iumorized by orida Statutes	rine corpora i.	tion's board of directors. I hereby acce	pi the appointment as i	registerea
SIGNATURE	English bound or purch	edinamic of registered agenr	med tale if applicable		Projectered Area	ni riguestro (ech	ired when reinslat-rg)	DATE	
12.	militaries, (Alterias brain	OFFICERS AND		(14012	13.	nt signature requ	ADDITIONS/CHANGES TO OFFI		S IN 12
TIME	٧			DELETE	1.1 TITLE			☐ Change	Addition
NAME	RAFFIELD, RO				1.2 NAME				
STREET ADDRESS	302 12TH STI PORT ST JOI				1.3 STREET 1.4 CITY-S	1			
ETTY - ST - ZIP TITLE	C C	., FL 00000		DELETE	2.1 TITLE	1-21-		Change	Addition
NAME	RAFFIELD, C	ARL J.			2.2 NAME				ì
STREET ADDRESS	ROUTE 3				2.3 STREET	ADDRESS			
CHY+SI+ZIP	PORT ST JOE	, FL 00000		DELETE	2. 4 CITY - 5 3.1 TITLE	ST-ZIP		☐ Change	Addition
THLE NAME	RAFFIFI D. C	ARL E. (GENE)	L	) DELCHE	3.2 NAME			Circlings	Addition
SCREET ADDRESS	21ST & PALM				3.3 STREET	ADDRESS			
CHTY - S1 - ZHP	PORT ST JOE				3 4. CITY - S	ST-21P			
III-F	ST		Ĺ.	] DELETE	4.1 TITLE	}		∐ Changé	Addition
NAME STREET ADDRESS	RAFFIELD, DA	anny L. Immons Bayou			4 2 NAME 4 3 STREET	ADDRESS			
CHY-SI-72	PORT ST JOE				4.4 DITY-S				
THIF	V	<u> </u>		DELETE	5.1 TITLE		A CONTRACTOR OF THE CONTRACTOR	Change	Addition
NAME	RAFFIELD, W	illiam H			5.2 NAME				
STREET ADDRESS	ROUTE 3	- FI 40000			5.3 STREET				
CHY-S1-ZE- TOLE	PORT ST JOE	:, PL 00000		DELETE	5.4 CITY - S 6.1 TITLE	r- ZiP		Change	Addition
NAME			<b>L</b>		6.2 NAME				
STREET ADDRESS					6.3 STREET	ADDRESS			
CHY-ST-ZIP					6.4 CITY				
14. I do heret informatio Lam an o appears i	by certify that the i on indicated on this theer or director on the Block 12 or Block	ritormation supplied s armual report or su The corporation or the ck 12 if changed	with this filing do pplemental annu he receiver or tro on an atlachmun	oes not qualif ual report is to usted emplow it with an acco	ty for the exerue and accuracy to the exercite to exercite to exercite the exercite to exercite the exercite to exercite the exercite to exercite the exercite th	mption state unate and that ute this repo	d in Section 119.07(3)(i), Florida Statut at my signature shall have the same leg ort as required by Chapter 607, Florida	es. I further certify that all effect as if made und Statutes; and that my n	tne der oath; that name