

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 250094 (0)
1. Corporation Name
RAFFIELD FISHERIES, INC.

Principal Place of Business CANAL DRIVE, HIGHLAND VIEW POST OFFICE BOX 309 POST ST. JOE FL 32456	Mailing Address CANAL DRIVE, HIGHLAND VIEW POST OFFICE BOX 309 POST ST. JOE FL 32456
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/09/1961	
4. FEI Number 59-0931791		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent COSTIN, CECIL G 221 REID AVENUE PORT ST JOE FL 32456				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

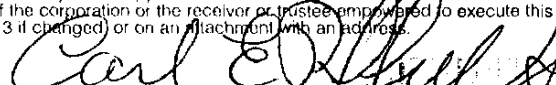
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFFIELD, RONALD C.	1.2 NAME	
STREET ADDRESS	302 12TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST JOE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFFIELD, CARL J.	2.2 NAME	
STREET ADDRESS	ROUTE 3	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST JOE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFFIELD, CARL E. (GENE)	3.2 NAME	
STREET ADDRESS	21ST & PALM STREETS	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST JOE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFFIELD, DANNY L.	4.2 NAME	
STREET ADDRESS	HWY 30-A, SIMMONS BAYOU	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST JOE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFFIELD, WILLIAM H	5.2 NAME	
STREET ADDRESS	ROUTE 3	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST JOE, FL 00000	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE



CARL E. RAFFIELD 03/03/98 (850) 229-8229

CR2E034 (1097)