FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 585771 (9)

1. Corporation Name
SHRIMP KING INC.

Principal Place of Business
~~1500~~ WEST INDIES DRIVE
~~P O BOX 25613~~
~~TAMPA FL 33622~~

Mailing Address
1500 WEST INDIES DRIVE
~~P O BOX 25613~~
~~TAMPA FL 33622~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1978
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-1859533 — 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

2. Principal Place of Business
21: 930 West Indies Drive
22: Suite, Apt. #, etc.
23: City & State: RAMROD KEY FL
24: Zip: 33042
25: Country: USA

2a. Mailing Address
26: 930 West Indies Drive
27: Suite, Apt. #, etc.
28: City & State: RAMROD KEY FL
29: Zip: 33042
30: Country: USA

9. **Name and Address of Current Registered Agent**

SINGLETON, JR., HENRY C.
~~1500~~ WEST INDIES DRIVE
~~SUMMERLAND~~ KEY FL 33042

10. **Name and Address of New Registered Agent**

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 930 West Indies Drive
83
84 City: RAMROD KEY FL 85 Zip Code: 33042

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	[X] Change ☐ Addition
NAME	SINGLETON, HENRY C. JR.	12 NAME	
STREET ADDRESS	~~1500~~ WEST INDIES DRIVE	13 STREET ADDRESS	930 West Indies Drive
CITY-ST-ZIP	~~SUMMERLAND~~ KEY FL	14 CITY-ST-ZIP	RAMROD KEY FL 33042
TITLE	VSD	21 TITLE	[X] Change ☐ Addition
NAME	SINGLETON, JOANNE O.	22 NAME	
STREET ADDRESS	~~1500~~ WEST INDIES DRIVE	23 STREET ADDRESS	930 West Indies Drive
CITY-ST-ZIP	~~SUMMERLAND~~ KEY FL	24 CITY-ST-ZIP	RAMROD KEY FL 33042
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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(1)(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: Henry C. Singleton Jr. — 4/29/95 — (305) 872-0320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0443708 FP