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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

FILED May 11 1998 8:00am Secretary of State

SHRIM	P KING INC.						
Principal Plac	e of Business	Mailing Address			T HOURD COINT TOTAL ONLY SOUN ESDEL THAT OLD IT OLD IT STORE OLD IT STORE OLD IT SHOW OLD IT SOUN		
830 WEST IN RAMPOD KE		P.O. BOX 25613 Tampa Fl 33622					
US US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
2. Principal F	Place of Business	2s, Mailing Address			09/05/1978 4. FEI Number Applied Fo		
21		26			59-1859533 Not Applica		
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additiona		
22		27			Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23	1 Countries	28			Trust Fund Contribution Added to Fees		
Zip 24	Country	Zip	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	g. Name and Address of Currel	29 nt Registered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
ÇII.	VIGLETON, JR., HENRY C.		81	Name			
930 WEST INDIES DRIVE RAMROD KEY FL 33042			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
TV4	MINOD REI PE 33042		83				
			84	City	FL 85 Zip Code		
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change wa pations of, Section 607.0505,	as authorized by t Florida Statutes.	he corporati	poration submits this statement for the purpose of changing its register ion's board of directors. I hereby accept the appointment as registere		
12,	Signature typed or printed name of registered age	ID DIRECTORS	NOTE: Registered Agent	signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	DELETE	1.1 TITLE		Change Add		
NAME	SINGLETON, HENRY C. JR.		1.2 NAME				
STREET ADDRESS	930 WEST INDIES DRIVE		1.3 STREET AL	DORESS			
CITY-ST-ZIP	RAMROD KEY FL		1.4 CITY - ST-				
TITLE	VSD	DELETE	2.1 TITLE		☐ Change ☐ Addi		
NAME	SINGLETON, JOANNE O.		2.2 NAME				
STREET ADDRESS	930 WEST INDIES DRIVE		2.3 STREET AT	DORESS			
CITY-ST-ZIP	RAMROD KEY FL		2. 4 CITY-ST-	- ZIP			
TITLE		DELETE	3.1 TITLE		Change Addi		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET AL	ODRESS			
CITY-ST-ZIP			3.4. CITY-ST-	ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addi		
NAME			4. 20 AME				
STREET ADDRESS			4.3 TREET AC				
CITY-ST-ZIP			4.4 TY-ST-	ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addi		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET AC	i			
CITY-ST-ZIP		T hruste	5.4 CITY-ST-	ZIP	Change 13 add:		
TITLE		☐ DELETE	6.1 TELE	l	☐ Change ☐ Addi		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET AC	DDRESS			
CITY-ST-ZIP			6.4 CITY - ST -	,			

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.

(305)872-0320