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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:56

DOCUMENT # 736705 (5)

1. Corporation Name

GULF AND SOUTH ATLANTIC FISHERIES DEVELOPMENT FO UNDATION, INC.

Principal Place of Business	Mailing Address
5401 W KENNEDY BLVD. STE 997 TAMPA FL 33609 US	5401 W KENNEDY BLVD STE 997 997 TAMPA FL 33609 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1976
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1684802 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JAMISON, JUDY L
5456 FRIARWAY DRIVE
TAMPA 33624

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	[X] Change ☐ Addition P/D
NAME	WHITE, BARNEY	1.2 NAME	AMASON, JACK
STREET ADDRESS	777 S POST OAK LANE, STE 2200	1.3 STREET ADDRESS	1 SEA GARDEN LANE, HIGHWAY 99
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	VALONA, GA 31332
TITLE	EDS	2.1 TITLE	[X] Change ☐ Addition E/D/S
NAME	JAMISON, JUDY L	2.2 NAME	JAMISON, JUDY L
STREET ADDRESS	5456 FRIARSWAY DR	2.3 STREET ADDRESS	5456 FRIARSWAY DRIVE
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	TAMPA, FL 33624
TITLE	TD	3.1 TITLE	[X] Change ☐ Addition T/D
NAME	SAWYER, HENRY	3.2 NAME	SANSOM, JERRY
STREET ADDRESS	3966 BOHICKET RD	3.3 STREET ADDRESS	476 HIGHWAY A-1-A, SUITE 3A
CITY-ST-ZIP	JOHNS ISLAND SC	3.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	VD	4.1 TITLE	[X] Change ☐ Addition V/D
NAME	SANSOM, JERRY	4.2 NAME	SAWYER, HENRY
STREET ADDRESS	476 HIGHWAY A-1-A, STE 3A	4.3 STREET ADDRESS	3966 BOHICKET ROAD
CITY-ST-ZIP	SATELLITE BCH FL	4.4 CITY-ST-ZIP	JOHNS ISLAND, SC 29455
TITLE	SD	5.1 TITLE	[X] Change ☐ Addition S/D
NAME	AMASON, JACK	5.2 NAME	NELSON, CHRIS
STREET ADDRESS	1 SEA GARDEN LN, HWY 99	5.3 STREET ADDRESS	17449 COUNTY ROAD 49 SOUTH
CITY-ST-ZIP	VALONA GA	5.4 CITY-ST-ZIP	BON SECOUR, AL 36511
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judy L Jamison July L. Jamison, Executive Director 1/20/95 (813) 286-8390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003883