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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 736705

(5)

GULF AND SOUTH ATLANTIC FISHERIES DEVELOPMENT FO

| ONDATION, ING. | | | | | | | | | | | | | | |
|--|------------------------|--|------|------------------------|-----|--------------------|--|---|--|----------------------|------------------------|-------------------|-----------------|--|
| Principal Place of Business Mailing Address | | | | | | | | | | itite toazi natibi d | ilft alanı etê | 'il Miğus Biğur B | 1865 81911 1891 | |
| 5401 W KENNE TAMPA FL 3380 US | dy Blvd. Ste 99: 19 | 5401 W KENNEDY BLVD STE 997 997 TAMPA FL 33609 US | | | | | 3. Date Incorporated 08/27/1976 4. FEI Number 59-1684802 | or Qualified | | | pplied For | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | • | 5. Certificate of Status | Desired | | \$8.75 | Additional lequired | | | |
| Suite, Apt. | | 27 | | | | | | 6. Election Campaign Trust Fund Contribu | | | \$5.00 Added t | May Be | | |
| City & Stat | | 28 | 1==1 | | | | 7. Is this nonprofit corporation a homeowners association? | | | | | | | |
| Zip 24 | Country 25 | | | Zip Cou , 30 | | | | | This corporation ow Personal Property T | ax due June | зо. [| ∏ Yes _≸ | tangible No | |
| 9. Name and Address of Current Registered Agent | | | | | | | Name | | 10. Name and Addres | s of New Re | gistered | Agent | | |
| JAMISON, JUDY L 5456 FRIARWAY DRIVE TAMPA 33624 | | | | | | 81 82 83 | _ | | ddress (P.Ö. Box Number is Not Acceptable) | | | | | |
| | | | | | | | City | | | | FL | • <u></u> . | Code | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, tipe 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 617.0503, Florida Statutes. | | | | | | | | | | | | | | |
| SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent | | | | | | | | e required | when reinstating) | | DATE | | | |
| 12. OFFICERS AND DIRECTORS 13. | | | | | | 3. | | | ADDITIONS/CHANG | ES TO OFFIC | | | | |
| TITLE | PD | | | X KDELETE | | 1.1 TITLE | | I | P/D | | , | Change | XX Addition | |
| NAME | | | | | | NAME | | 5 | SANSOM, JERRY | | | | | |
| STREET ADDRESS | | | | | | 1.3 STREET ADDRESS | |] 2 | 225 ROCKLEDGE | DRIVE | | | | |
| CITY-ST-ZIP | | | | | | 1.4 CITY-ST-ZIP | | I | ROCKLEDGE, FL | 32955 | | | | |
| TITLE | | | | | | TITLE | | | | | | Change | Addition | |
| NAME | | | | | | NAME | | | | | | | | |
| STREET ADDRESS | | | | | | 2.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | TAMPA FL 2.4ci | | | | | 2. 4 CITY-ST-ZIP | | | | | | | | |
| TITLE | ΪĎ | | | X X DELETE | 3.1 | TITLE | | | t/D | | , | Change | Addition | |

6.4 CITY-ST-ZIP 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 617, Florida Statutes; and that my pame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

CITY-ST-ZIP

SANSOM, JERRY

SAWYER, HENRY

JOHNS ISLAND SC

NELSON, CHRIS

BON SECOUR AL

SATELLITE BEACH FL

3966 BOHICKET ROAD

476 HIGHWAY AIA, SUITE 3A

17449 COUNTY ROAD 49 SOUTH

XXDELETE

XXDELETE

DELETE

01/06/98

NELSON, CHRIS

WHITE, BERNARD

DANIELS, JOEY

HOUSTON, TX 77056

MILLS LANDING ROAD

WANCHESE, NC 27981

17449 COUNTY ROAD 49 SOUTH

1717 ST. JAMES PLACE, SUITE 550

BON SECOUR, AL 36511

(813) 286-8390

Change

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XXAddition

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FILED

Jan 21 1998 8:00am

Secretary of State

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