

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
SHELLEY B. MURPHY
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

95 MAY -1 AM 8:16

DOCUMENT # G57182 (9)
FISHCO, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address: **317 LLEWELLYN AVE
% SHELLEY A. FISHER P.O. BOX 2178
LAKE CITY FL 32055-4963**

Current Address: **317 LLEWELLYN AVE
% SHELLEY A. FISHER P.O. BOX 2178
LAKE CITY FL 32055-4963**

Do not write in this space

2. Filing Fee (Check or Amount)	2a. Mailing Address	4. FFI Number	Applied For
21	26	59-2318899	Not Applicable
State Apt # (if)	State Apt # (if)	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
7a	7b	7c	7d
24	25	29	30
8. This corporation has liability for obligations for Article 5, 100 (1)(2) Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
FISHER, SHELLEY A. 317 LLEWELLYN AVE LAKE CITY FL 32055		B1	Name	
		B2	Street Address (P.O. Box Number is Not Acceptable)	
		B3		
		B4	City	B5
			FL	

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICE	PTC FISHER, ROBERT J., JR. RT. 12, BOX 526 LAKE CITY FL	11 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY & STATE		14 CITY & STATE	
OFFICE	VSD FISHER, SHELLEY ANN RT. 12, BOX 526 LAKE CITY FL	21 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY & STATE		24 CITY & STATE	
OFFICE		31 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY & STATE		34 CITY & STATE	
OFFICE		41 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY & STATE		44 CITY & STATE	
OFFICE		51 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY & STATE		54 CITY & STATE	
OFFICE		61 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY & STATE		64 CITY & STATE	

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(2)(b), Florida Statutes. I further certify that the information submitted herein is true and correct 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an attached and with an address.

SIGNATURE: _____
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Shelley Fisher 4-26-95** 904-752-2026