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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N36640 (3)
1. Corporation Name
APALACHICOLA BAY OYSTER FARMERS ASSOCIATION, INC



Principal Place of Business Mailing Address
91 AVENUE C PO BOX 144
P. O. BOX 144 P. O. BOX 144
APALACHICOLA FL 32320 APALACHICOLA FL 32329-0144
US US

3. Date Incorporated or Qualified 02/15/1990 3a. Date of Last Report 07/26/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3015616 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, DAVID
91 AVENUE C
APALACHICOLA FL 32320

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 617.0502 and 617.1508, 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 617.0503, 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	DP JONES, DAVID	1.1 TITLE	
NAME	91 AVENUE C.	1.2 NAME	
STREET ADDRESS	APALACHICOLA FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	DV WINFIELD, JOHN	2.1 TITLE	
NAME	P.O. BOX 946 N/A	2.2 NAME	
STREET ADDRESS	EASTPOINT FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	S SQUARE, HELENE	3.1 TITLE	
NAME	BOX 62 - ST. GEORGE ISLD N/A	3.2 NAME	
STREET ADDRESS	EASTPOINT FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	DT CHAPEL, GEORGE	4.1 TITLE	
NAME	183 AVENUE B	4.2 NAME	
STREET ADDRESS	APALACHICOLA FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D BLOODWORTH, MINOR	5.1 TITLE	
NAME	P.O. BOX 733 N/A	5.2 NAME	
STREET ADDRESS	EASTPOINT FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D SCARABIN, RICHARD	6.1 TITLE	
NAME	120 - 22ND AVE.	6.2 NAME	
STREET ADDRESS	APALACHICOLA FL	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Jones 04/14/97 904-653-9524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008924

CR2E037 (9/96)