

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36640 (3)
 1. Corporation Name
APALACHICOLA BAY OYSTER FARMERS ASSOCIATION, INC



Principal Place of Business		Mailing Address	
91 AVENUE C P. O. BOX 144 APALACHICOLA FL 32320 US		PO BOX 144 P. O. BOX 144 APALACHICOLA FL 32320 US	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country	29 Zip	30 Country

3. Date Incorporated or Qualified
02/15/1990

4. FEI Number
59-3015616

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

JONES, DAVID
91 AVENUE C
APALACHICOLA FL 32320

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	JONES, DAVID	
STREET ADDRESS	91 AVENUE C.	
CITY-ST-ZIP	APALACHICOLA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WINFIELD, JOHN	
STREET ADDRESS	P.O. BOX 946 N/A	
CITY-ST-ZIP	EASTPOINT FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SQUARE, HELENE	
STREET ADDRESS	BOX 82 - ST. GEORGE ISLD N/A	
CITY-ST-ZIP	EASTPOINT FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CHAPEL, GEORGE	
STREET ADDRESS	183 AVENUE B	
CITY-ST-ZIP	APALACHICOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOODWORTH, MINOR	
STREET ADDRESS	P.O. BOX 733 N/A	
CITY-ST-ZIP	EASTPOINT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCARABIN, RICHARD	
STREET ADDRESS	120 - 22ND AVE.	
CITY-ST-ZIP	APALACHICOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ *David Jones 2/11/98*

CR25037 (10/97)