

FILE NOW: FILING FEE AFTER MAY 15 IS \$350.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90016 001 ***150.00

DOCUMENT # N36640
1. Corporation Name
Apalachicola Bay Oyster Farmers Association, Inc.

Principal Place of Business Mailing Address
163, Ave. B 163, Ave. B
Apalachicola, FLA, Apalachicola, FLA,
32320 32320

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/15/90

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<u>163, Ave. B</u>	<u>163, Ave. B</u>	<u>59-3015616</u>	<input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<u>163, Ave. B</u>	<u>163, Ave. B</u>	<input type="checkbox"/>	
23. City & State	28. City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
<u>Apalachicola, FLA.</u>	<u>Apalachicola, FLA.</u>	<input type="checkbox"/>	
24. Zip	29. Zip	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>32320</u>	<u>32320</u>		
25. Country	30. Country		
<u>FRANKLIN</u>	<u>FRANKLIN</u>		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

David Jones
163, Ave. B
Apalachicola, FLA.
32320

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<u>FL</u>
83.	
84. City	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1.2 NAME	<u>DP Jones, David</u>
		1.3 STREET ADDRESS	<u>163, Ave. B</u>
		1.4 CITY-ST-ZIP	<u>Apalachicola, FLA., 32320</u>
<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 furnished 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

573606-90016-1

N36640

5/25/99 CORPORATE DETAIL RECORD SCREEN 11:02 AM
 NUM: N36640 ST:FL ACTIVE/FL NON-PROF FLD: 02/15/1990
 FEI#: 59-3015616
 NAME : APALACHICOLA BAY OYSTER FARMERS ASSOCIATION, INC.
 PRINCIPAL: 91 AVENUE C CHANGED: 05/01/95
 ADDRESS P. O. BOX 144
 APALACHICOLA, FL 32320 US
 MAILING : PO BOX 144 CHANGED: 05/01/95
 ADDRESS P. O. BOX 144
 APALACHICOLA, FL 32320 US
 RA NAME : JONES, DAVID
 RA ADDR : 91 AVENUE C
 APALACHICOLA, FL 32320 US
 ANN REP : (1996) B 07/26/96 (1997) B 04/22/97 (1998) B 02/17/98

5/25/99 OFFICER/DIRECTOR DETAIL SCREEN 11:02 AM
 CORP NUMBER: N36640 CORP NAME: APALACHICOLA BAY OYSTER FARMERS ASSOCIA
 TITLE: DP NAME: JONES, DAVID
 91 AVENUE C.
 APALACHICOLA, FL
 TITLE: DV NAME: WINFIELD, JOHN
 P.O. BOX 946 N/A
 EASTPOINT, FL
 TITLE: S NAME: SQUARE, HELENE
 BOX 62 - ST. GEORGE ISLD N/A
 EASTPOINT, FL
 TITLE: DT NAME: CHAPEL, GEORGE
 163 AVENUE B
 APALACHICOLA, FL
 TITLE: D NAME: BLOODWORTH, MINOR
 P.O. BOX 733 N/A
 EASTPOINT, FL
 TITLE: D NAME: SCARABIN, RICHARD
 120 - 22ND AVE.
 APALACHICOLA, FL

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----