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FILED

**Jun 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000005799 (8)

1. Corporation Name

OAK HILL SHELLFISH, INCORPORATED



Principal Place of Business: **480 A. EAST HALIFAX AVE. OAK HILL FL 32759**
Mailing Address: **P.O. BOX 5 OAK HILL FL 32759**

3. Date Incorporated or Qualified

10/13/1997

4. FEI Number

59-3476120

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

10. Name and Address of New Registered Agent

**SIMPSON, THOMAS
1775 ELIZABETH ST.
NEW SMYRNA BEACH FL 32168**

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

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

TITLE: **DP** DELETE
NAME: **SIMPSON, THOMAS**
STREET ADDRESS: **1775 ELIZABETH ST.**
CITY-ST-ZIP: **NEW SMYRNA BEACH FL 32168**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: **D** DELETE
NAME: **AUTIN, HARVEY**
STREET ADDRESS: **3625 WATERMELON LN.**
CITY-ST-ZIP: **NEW SMYRNA BEACH FL 32168**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: **D** DELETE
NAME: **HOGAN, CHRISTINE**
STREET ADDRESS: **P.O. BOX 988** *N/A*
CITY-ST-ZIP: **OAK HILL FL 32759**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: **D** DELETE
NAME: **STONE, CONNIE**
STREET ADDRESS: **P.O. BOX 534** *N/A*
CITY-ST-ZIP: **OAK HILL FL 32759**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE: **D** DELETE
NAME: **COLEMAN, JEFFERSON**
STREET ADDRESS: **229 S. US 1**
CITY-ST-ZIP: **OAK HILL FL 32759**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE: **D** DELETE
NAME: **HAYES, DAVID**
STREET ADDRESS: **664 LOUELLA ST.**
CITY-ST-ZIP: **NEW SMYRNA BEACH FL 32168**

6.1 TITLE Change 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: *Christine Hogan* *Christine Hogan* *1176 188 901 247 117*

CR2E037 (10/97)