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

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:12

DOCUMENT # P93000034840 (7)

1. Corporation Name
ALLISON FISH COMPANY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5100 HOLCOMB ROAD<br>MILTON FL 32583 | 5100 HOLCOMB ROAD<br>MILTON FL 32583 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/11/1993
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business
21 5100 HOLCOMB RD.
22 Suite, Apt. #, etc.
23 City & State: MILTON FL
24 Zip: 32583
25 Country: SANTA ROSA

2a. Mailing Address
26 5100 HOLCOMB RD.
27 Suite, Apt. #, etc.
28 City & State: MILTON FL
29 Zip: 32583
30 Country: SANTA ROSA

4. FEI Number: 59-3184210 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WETTLAUFER, CHRISTY
5100 HOLCOMB ROAD
MILTON FL 32583

10. Name and Address of New Registered Agent

81 Name: PRICE, CHRISTY R.
82 Street Address (P.O. Box Number is Not Acceptable): 5100 HOLCOMB ROAD
83
84 City: MILTON FL 85 Zip Code: 32583

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: Christy R. Price, sec. DATE: Feb 9, 1995
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 | D | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | PRICE, DAVID | 1.2 NAME | |
| STREET ADDRESS | 5100 HOLCOMB ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MILTON FL 32583 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☒ Change ☐ Addition |
| NAME | WETTLAUFER, CHRISTY | 2.2 NAME | PRICE, CHRISTY |
| STREET ADDRESS | 5100 HOLCOMB ROAD | 2.3 STREET ADDRESS | 5100 HOLCOMB ROAD |
| CITY-ST-ZIP | MILTON FL 32583 | 2.4 CITY-ST-ZIP | MILTON, FL 32583 |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christy R. Price, sec. Feb 9 95 (904)623-1173
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0302227 CP