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Feb 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000034840 (7)

1. Corporation Name
ALLISON FISH COMPANY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5100 HOLCOMB ROAD MILTON FL 32583 US		Mailing Address 5100 HOLCOMB ROAD MILTON FL 32583	
2. Principal Place of Business 21 5038 Basin Ave. Suite, Apt. #, etc.		2a. Mailing Address 26 5038 Basin Ave. Suite, Apt. #, etc.	
22 City & State 23 Milton, Florida Zip 24 32583 Country 25 USA		27 City & State 28 Milton, Florida Zip 29 32583 Country 30 USA	
9. Name and Address of Current Registered Agent PRICE, CHRISTY R. 5100 HOLCOMB ROAD MILTON FL 32583		10. Name and Address of New Registered Agent 81 Name DAVID H. PRICE 82 Street Address (P.O. Box Number is Not Acceptable) 5038 Basin Avenue 83 MILTON, FLORIDA 32583 84 City FL 85 Zip Code	

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 David H. Price, P/D DAVID H. PRICE, P/D 1/24/98
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	D PRICE, DAVID ☐ DELETE	1.1 TITLE	P David H Price ☒ Change ☒ Addition
NAME	PRICE, DAVID	1.2 NAME	David H Price
STREET ADDRESS	5100 HOLCOMB ROAD	1.3 STREET ADDRESS	5038 Basin Avenue
CITY-ST-ZIP	MILTON FL 32583	1.4 CITY-ST-ZIP	Milton, Florida 32583
TITLE	D PRICE, CHRISTY ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PRICE, CHRISTY	2.2 NAME	
STREET ADDRESS	5100 HOLCOMB ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE David H. Price, P/D DAVID H. PRICE, P/D 1/24/98

CR2E034 (10/97)