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 -8 AM 9:13

DOCUMENT # 176441 (4)

1. Corporation Name
THE FISHERMEN'S SUPPLY COMPANY, INC.

Principal Place of Business	Mailing Address
3601 SWANN AVE STE 106 TAMPA FL 33609 US	P.O. BOX 10554 TAMPA FL 33679 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/10/1953
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-0721902 ☐ 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

MEEKINS, THOMAS H
3601 SWANN AVE
STE 106
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name: E. Jackson Boggs
82 Street Address (P.O. Box Number is Not Acceptable): 501 East Kennedy Blvd.
83: Suite 1700
84 City: Tampa FL 85 Zip Code: 33602

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: E. Jackson Boggs DATE: 2/2/95
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	PTD	1.1 TITLE	P/S/T/D	☒ Change ☐ Addition
NAME	MEEKINS, THOMAS H	1.2 NAME	Gloria M. Meekins	
STREET ADDRESS	3601 SWANN AVE	1.3 STREET ADDRESS	3601 Swann Ave.	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33609	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	COWARD, J B	2.2 NAME		
STREET ADDRESS	3601 SWANN AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	V/D	☐ Change ☐ Addition
NAME	MEEKINS, GLORIA M	3.2 NAME	Gloria S. Panaccione	
STREET ADDRESS	3601 SWANN AVE	3.3 STREET ADDRESS	3601 Swann Avenue	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, Florida 33609	
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: J B Coward J. B. Coward 2/1/95 813-877-9301
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0304666 CP