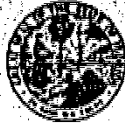


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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 P.O. BOX 10554
STE 106 TAMPA FL 33679
US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		12/10/1953	02/04/1994
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-0721902	Not Applicable
24 Country		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
				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

B1 Name E. Jackson Boggs
B2 Street Address (P.O. Box Number is Not Acceptable) 501 East Kennedy Blvd.
B3 Suite 1700
B4 City Tampa FL B5 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

(NOTE: Registered Agent signature required when reappointing)

DATE

2/2/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD MEEKINS, THOMAS H	1.1 TITLE	P/S/T/D ☒ Change ☐ Addition
NAME	3601 SWANN AVE	1.2 NAME	Gloria M. Meekins
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	3601 Swann Ave.
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Tampa, FL 33609
TITLE	VD COWARD, J B	2.1 TITLE	☐ Change ☐ Addition
NAME	3601 SWANN AVE	2.2 NAME	
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	SD MEEKINS, GLORIA M	3.1 TITLE	V/D ☐ Change ☐ Addition
NAME	3601 SWANN AVE	3.2 NAME	Gloria S. Panaccione
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS	3601 Swann Avenue
CITY - ST - ZIP		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)(k), 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 addition.

SIGNATURE:

J. B. Coward

J. B. Coward

2/1/95

813-877-9301

(Signature and typed or printed name of signing officer or director)

Date

Telephone Number