**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

APPROVED AND FILED

95 MAY -1 AM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **176718** **(5)**

1. Corporate Name
**GASPARILLA SHRIMPER A, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| HIGHWAY 771 & FISHERY RD<br>PO BOX 37<br>PLACIDA FL 33946 | HIGHWAY 771 & FISHERY RD<br>PO BOX 37<br>PLACIDA FL 33946 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/30/1953**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **59-0713283** ☐ 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

6. Does corporation have liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ALBRITTON, EUNICE**
**HWY 771 & FISHERY ROAD**
**PLACIDA FL 33946**

10. Name and Address of New Registered Agent

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 Section 607.0502, Florida Statutes, the above named corporation submits the 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 (Registered Agent's signature required for agent change) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|
| TITLE | PD | ☐ Change ☐ Addition |
| NAME | ALBRITTON, EUNICE | |
| STREET ADDRESS | HWY 771 & FISHERY RD | |
| CITY-ST-ZIP | PLACIDA FL | |
| TITLE | STD | ☐ Change ☐ Addition |
| NAME | ALBRITTON, GARRY | |
| STREET ADDRESS | HWY 771 & FISHERY RD | |
| CITY-ST-ZIP | PLACIDA FL | |
| TITLE | VD | ☐ Change ☐ Addition |
| NAME | ALBRITTON, GREGORY | |
| STREET ADDRESS | HWY 771 & FISHERY RD | |
| CITY-ST-ZIP | PLACIDA FL | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and accepted solely for the purposes stated in Section 607.0502(2)(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 above or on an attachment with an address.

**SIGNATURE:** Eunice A Albritton — 4-25-95 — (813) 697-2451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

EUNICE A. ALBRITTON - PRES.

0482440 FP