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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

176718

(5)

DOCUMENT #
1. Corporation Name GASPARILLA SHRIMPER A, INC.

Mailing Address Principal Place of Business

LICHAVAY 771 & FISHERY RO



PO BOX 37 PLACIDA FL 33946		PO BOX 37 PLACIDA FL 33946		3. Date Inc.	orporated or Qualified	3a. Date of Last Re	port
				12/3	30/1953	05/01/19	95
. Principal Place	of Business	2a. Mailing Address		4. FLI Num			polied For
	FISHERY RD.	26		2/	0713283		lot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	3 ~	5. Certifica	te of Status Desired		Additional lequired
1		27 P. B. Box	( ) /				
City & State	_	City & State	_		Campaign Financing		May Be to Fees
PLAC	Country	28 PLAC: DA			nd Contribution	Audec	
Zip	Country	F/.	Country		poration has liability for	intangible tax under s	199.032,
33940	25	29  ' '	30	Florida S	and Address of New R		
	9. Name and Address of Curren	t Registered Agent	81		ilid Address Ci New I	tegisteree rigoni	
			[*1]	Name			
ALBRITT	ON, EUNICE		82	Street Address (P.O. Box 1	Number is Not Acceptat	ole)	
	1 & FISHERY ROAD			13010 Fis	SHERY KI	D	
	FL 33946		83		•		
1 2 .0.0.			84	Oity -		85 Z <sub>1</sub>	Code
			"	City PLAC: DA		FL  °   3	3946
4. Discound to	the provisions of Sections 607.05.02 Lagent, or both, in the State of Floring	and 607.1508. Florida Statute	e , th∈ above na	med corporation submits t	his statement for the pu	rpose of changing its r	egistered of
ignatures	granue, typed or protect name of rapidors direct			signature requires when redistrible?	ONS/CHANGES TO OFF	DATE	BS IN 12
2.	OFFICERS AN		13.	ADDITIC	JNS/CHANGES TO OTT	Change	Additio
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roo hereby cearly that the information supplies with this imig is voluntarily turnshed area does not qualify for the exemption is also in Section 113.07(5)(6), normal statutes. Interfer 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 out; that I am an officer or director of the corporation or the receiver or trusted enipowered 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: SUSSICE STATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUNICE STATES

RESERVED

4-10-96 (941)697-2451