

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 176718 (5)

1. Corporation Name

GASPARILLA SHRIMPER A, INC.



Principal Place of Business

HIGHWAY 771 & FISHERY RD  
PO BOX 37  
PLACIDA FL 33946

Mailing Address

HIGHWAY 771 & FISHERY RD  
PO BOX 37  
PLACIDA FL 33946

2. Principal Place of Business

21 13010 FISHERY RD.

Suite, Apt. #, etc.

22 City & State

23 PLACIDA, FL.

24 Zip 33946

Country

2a. Mailing Address

Suite, Apt. #, etc.

27 P.O. Box 37

City & State

28 PLACIDA

Zip

29 FL.

Country

3. Date Incorporated or Qualified  
12/30/1953

3a. Date of Last Report  
05/01/1995

4. FLI 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

8. This corporation has liability for intangible tax under s. 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)

13010 FISHERY RD.

83

84 City PLACIDA

FL

85 Zip Code 33946

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

Signature, typed or printed name of registered agent, and date of registration

1101 - Registered Agent Signature and Date of Registration

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ALBRITTON, EUNICE  
STREET ADDRESS HWY 771 & FISHERY RD  
CITY-ST-ZIP PLACIDA FL ☐ DELETE

TITLE STD  
NAME ALBRITTON, GARRY  
STREET ADDRESS HWY 771 & FISHERY RD  
CITY-ST-ZIP PLACIDA FL ☐ DELETE

TITLE VD  
NAME ALBRITTON, GREGORY  
STREET ADDRESS HWY 771 & FISHERY RD  
CITY-ST-ZIP PLACIDA FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 13010 FISHERY RD.  
1.4 CITY-ST-ZIP PLACIDA, FL. 33946

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS FISHERY RD.  
2.4 CITY-ST-ZIP PLACIDA, FL. 33946

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 13100 FISHERY RD.  
3.4 CITY-ST-ZIP PLACIDA, FL. 33946

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 address.

SIGNATURE:

Eunice G. Albritton  
EUNICE G. ALBRITTON

4-10-96

(941) 697-2451

CR2E034 (12/95)