

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 # 250094 (0)
1. Corporation Name
RAFFIELD FISHERIES, INC.



Principal Place of Business: **CANAL DRIVE, HIGHLAND VIEW POST OFFICE BOX 309 POST ST. JOE FL 32456**
Mailing Address: **CANAL DRIVE, HIGHLAND VIEW POST OFFICE BOX 309 POST ST. JOE FL 32456**

3. Date Incorporated or Qualified: **08/09/1961** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-0931791** 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COSTIN, CECIL G
221 REID AVENUE
PORT ST JOE FL 32456**

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 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFFIELD, RONALD C.	1.2 NAME	
STREET ADDRESS	302 12TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST JOE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFFIELD, CARL J.	2.2 NAME	
STREET ADDRESS	ROUTE 3	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST JOE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFFIELD, CARL E. (GENE)	3.2 NAME	
STREET ADDRESS	21ST & PALM STREETS	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST JOE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFFIELD, DANNY L.	4.2 NAME	
STREET ADDRESS	HWY 30-A, SIMMONS BAYOU	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST JOE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFFIELD, WILLIAM H	5.2 NAME	
STREET ADDRESS	ROUTE 3	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST JOE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.073(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 person 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 as an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)