FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 254429

Corporation Name

S LIVE SHRIMP CO., INC.				1 (40)(4 (194) 6:1)(BIS)(8(A)B (1916 (9)) BIS)	n Adam Alaki Ardic Ar	1011 RION TODA
ce of Business	Mailing Address			-{	A BURN CHAIR BURN DI	(8) 0
•						
P.O. BOX 32 P.O. BOX 32						
OAK HILL FL 32759 OAK HILL FL 32759					IS SPACE	
•				-		
Place of Business 2a. Mailing Address				4. FEI Number	Apr	plied For
26				59-0954809	Not	t Applicable
#, etc. Suite, Apt. #, etc.				5 Certificate of Status Desired	\$8.75 A	
27				V. Commodic of Citation Decision		<u>'</u>
te	 1			6. Election Campaign Financing		
- Country		Countr				3 Fees
_ '	` _	_ `	1	,		□No
		<u>vi</u>			*·- -	
5. Name and Address of Odire	;	81	Name			-
DEWEES,ADELBERT C 112 ADAMS AVE			01	(C.O. Day Namber in Net Assessable)		
		82	32 Street Address (P.O. Box Number is Not Acceptable)			_
(HILL FL 32759		83				1 (14)
			0.0		los Zis C	ada .
		84	City	F	L 85 ZIP C	,ode
to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the abov	e-named corpo	pration submits this statement for the purpose	of changing its	registered
registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was autrations of Section 607.0505, Florid	horized by la Statutes	the corporation	n's board of directors. I hereby accept the app	ontment as reg	Jistered
Signature, typed or printed name of registered age			nt signature required	The state of the s		
				ADDITIONS/CHANGES TO OFFICERS		Addition
1 7					Change	L Addition
			T 1 DDDD500			
OAN HILL PL	□ DELETE		1-214		Change	☐ Addition
					_ •	_
			TADDRESS			
·		•			Change	Addition
A CONTRACTOR OF THE CONTRACTOR	☐ DELETE	3.1 TITLE	ı			
	☐ DELETE	3.1 TITLE 3.2 NAME				
	U DELETE	3.2 NAME	TADDRESS		\$.i.a.i.ge	. ,
entra de la companya	_	3.2 NAME				, · • • •
eta este por el como de la como d	☐ DELETE	3.2 NAME 3.3 STREE			Change	Addition
Major the July	_	3.2 NAME 3.3 STREE 3.4, CITY-5				Addition
eta en	_	3.2 NAME 3.3 STREE 3.4. CITY- § 4.1 TITLE 4. 2 NAME				, Addition
Major the July	☐ DELETE	3.2 NAME 3.3 STREE 3.4 CITY-5 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5	ST-ZIP T ADDRESS		☐ Change	
Major the July	☐ DELETE	3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE	ST-ZIP T ADDRESS			Addition
Trap. The Just	☐ DELETE	3.2 NAME 3.3 STREE 3.4 CITY-5 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME	T ADDRESS		☐ Change	
	☐ DELETE	3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS T-ZIP T ADDRESS		☐ Change	
Trap. The Just	☐ DELETE	3.2 NAME 3.3 STREE 3.4 CITY-5 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME	T ADDRESS T-ZIP T ADDRESS		☐ Change	
	country 25 9. Name and Address of Curre Country 25 9. Name and Address of Curre /EES,ADELBERT C ADAMS AVE HILL FL 32759 to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent	e of Business RIVER ROAD P.O. BOX 32 OAK HILL FL 32759 Place of Business 2a. Mailing Address 26 #, etc. City & State 28 Country 25 29 3. Name and Address of Current Registered Agent VEES,ADELBERT C ADAMS AVE 4. HILL FL 32759 To the provisions of Sections 607.0502 and 607.1508, Florida Statutes registered agent, or both, in the State of Florida. Such change was aut am familiar with, and accept the obligations of, Section 607.0505, Floric Signeture, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS P DEWEES,ADELBERT C 112 ADAMS AVENUE OAK HILL FL	e of Business Mailing Address RIVER ROAD P.O. BOX 32 OAK HILL FL 32759 Place of Business 2a. Mailing Address 26 #, etc. Suite, Apt. #, etc. 27 City & State 28 Country Zip Country Zip Country Zip Suite, Apt. #, etc. 27 Country Zip Suite, Apt. #, etc. 28 Country Zip Country Zip Suite, Apt. #, etc. 28 41 Country Zip Suite, Apt. #, etc. 29 30 Suite, Apt. #, etc. 21 Country Zip Suite, Apt. #, etc. 27 Country Zip Suite, Apt. #, etc. 28 Country Zip Suite, Apt. #, etc. 28 Country Zip Suite, Apt. #, etc. 28 Country Zip Suite, Apt. #, etc. 21 Country Zip Suite, Apt. #, etc. 27 Country Zip Suite, Apt. #, etc. 21 Country Zip Suite, Apt. #, etc. 22 Country Zip Suite, Apt. #, etc. 21 Country Zip Suite, Apt. #, etc. 22 Country Zip Suite, Apt. #, etc. 21 Country Zip Suite, Apt. #, etc. 22 Country Zip Suite, Apt. #, etc. 21 Country Zip Suite, Apt. #, etc. 22 Country Zip Suite, Apt. #, etc. 21 Country Zip Suite, Apt. #, etc. 21 Country Zip Suite, Apt. #, etc. 22 Country Zip Suite, Apt. #, etc. 21 Country Zip S	e of Business Mailing Address RIVER ROAD P.O. BOX 32 OAK HILL FL 32759 Place of Business Za. Mailing Address Za. Mailing Ad	e of Business Mailing Address RIVER ROAD P.O. BOX 32 2759 OAK HILL FL 32759 DO NOT WRITE IN TH 3. Date Incorporated or Qualifed 12/29/1961 12/29/1961 12/29/1961 3. Date Incorporated or Qualifed 12/29/1961 12/29/1961 3. Date Incorporated or Qualifed 12/29/1961 12/29/1961 3. Date Incorporated or Qualifed 12/29/1961 3. Certificate of Status Desired Trust Fund Contribution Trust Fund Country Trust Fund Contribution Trust Fund	e of Business Mailing Address RIVER ROAD P.O. 80X 32 OAK HILL FL 32759 Taca of Business Za. Mailing Address Age to Business Za. Mailing Address Za. Mailing Addres

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90073 040 ***150.00

904-345-3964

32E034 (11/98)