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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 PM 3:35

DOCUMENT # 299557 (9)

1. Corporation Name
KEY-TEX SHRIMP CO., INC.

Principal Place of Business	Mailing Address
C/O JOHN FERNANDEZ P O BOX 427 SEAFORD VA 23796	C/O JOHN FERNANDEZ P O BOX 427 SEAFORD VA 23796

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/08/1965
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business
21: 739 Scallop Dr.
22 Suite, Apt. #, etc.: P.O. Box 1093
23 City & State: Cape Canaveral
24 Zip: 32920
25 Country: USA

2a. Mailing Address
26: C/o John Fernandez
27 Suite, Apt. #, etc.: P.O. Box 1093
28 City & State: Cape Canaveral Fl.
29 Zip: 32920
30 Country: USA

4. FEI Number: 59-1117380 ☐ 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

FERNANDEZ, JOHN
1678 SUNHOME
P.O. BOX 1073
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name: Fernandez John
82 Street Address (P.O. Box Number is Not Acceptable): 8704 Camelia Ct.
83: PO Box 1093
84 City: Cape Canaveral FL 85 Zip Code: 32920

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	VONHARTEN, FRANCES.	1.2 NAME	
STREET ADDRESS	2823 FOGARTY AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	VONHARTEN, HAROLD L	2.2 NAME	
STREET ADDRESS	2823 FOGARTY AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, JOHN	3.2 NAME	
STREET ADDRESS	739 SCALLOP DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I/We 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)(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.

SIGNATURE: John Fernandez John Fernandez (Pres.) 2-10-95 407 799 0470
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400010 FN