

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

FILED  
Feb 20 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **299557** (9)  
1. Corporation Name  
**KEY-TEX SHRIMP CO., INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>739 SCALLOP DR.<br/>PO BOX 1093<br/>CAPE CANAVERAL FL 32930<br/>US</b> | Mailing Address<br><b>C/O JOHN FERNANDEZ<br/>PO BOX 1093<br/>CAPE CANAVERAL FL 32920<br/>US</b> |
|--|---|

DO NOT WRITE IN THIS SPACE

|                                |                        |  |  |   |  |
|--------------------------------|------------------------|--|--|---|--|
| 2. Principal Place of Business |                        | 2a. Mailing Address  |  | 3. Date Incorporated or Qualified<br><b>12/08/1965</b>  |  |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 4. FEI Number<br><b>59-1117380</b>   |  | Applied For<br>Not Applicable   |  |
| 22 City & State                | 27 City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 23 Zip                         | 28 Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| 24 Country                     | 29 Country             | 30   |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>FERNANDEZ, JOHN<br/>8704 CAMELIA CT.<br/>PO BOX 1093<br/>CAPE CANAVERAL FL 32920</b> |  |  |  | 10. Name and Address of New Registered Agent                                  |  |  |  |
| 81 Name <b>John Fernandez</b>  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>123 Adams Ave</b> |  |  |  |
| 83   |  |  |  | 84 City <b>Cape Canaveral</b> FL 85 Zip Code <b>32920</b>                     |  |  |  |

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

|                            |                     |                                 |  |   |   |  |  |
|----------------------------|---------------------|---------------------------------|--|---|---|--|--|
| 12. OFFICERS AND DIRECTORS |                     |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |  |  |
| TITLE                      | VD                  | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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                 | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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                  | <input type="checkbox"/> DELETE |  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | FERNANDEZ, JOHN     |                                 |  | 3.2 NAME  |   |  |  |
| STREET ADDRESS             | 739 SCALLOP DRIVE   |                                 |  | 3.3 STREET ADDRESS                                    | <b>123 Adams Ave</b>  |  |  |
| CITY-ST-ZIP                | CAPE CANAVERAL FL   |                                 |  | 3.4 CITY-ST-ZIP                                       | <b>CAPE CANAVERAL FL 32920</b>                                    |  |  |
| TITLE                      |                     | <input type="checkbox"/> DELETE |  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                     |                                 |  | 4.2 NAME  |   |  |  |
| STREET ADDRESS             |                     |                                 |  | 4.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                |                     |                                 |  | 4.4 CITY-ST-ZIP                                       |   |  |  |
| TITLE                      |                     | <input type="checkbox"/> DELETE |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                     |                                 |  | 5.2 NAME  |   |  |  |
| STREET ADDRESS             |                     |                                 |  | 5.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                |                     |                                 |  | 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 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.

SIGNATURE: **John Fernandez** Feb 14 1998 407 783-0822

CR2E034 (10/97)