FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 25 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 319470 (1)

1. Corporation Name
CEDAR KEY FISH & OYSTER COMPANY OF HOMOSASSA, IN C.

Principal Place of Business	Mailing Address
/OF HOMOSASSA HOMOSASSA FL 32646	/OF HOMOSASSA HOMOSASSA FL 32646

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/07/1967
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21: 5590 So. BLVD.
22: HOMOSASSA, FL
23: City & State
24: Zip 34487
25: Country U.S.A.

2a. Mailing Address
26: P.O. BOX 407
27: HOMOSASSA
28: City & State FL.
29: Zip 34487
30: Country U.S.A.

4. FEI Number: 59-1195421 ☐ 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

SHEPPARD, MARGARET
WEST YULON AVENUE
HOMOSASSA FL 32646

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable): West Yulee Ave
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: Margaret Sheppard 1-24-95
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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	SHEPPARD, MARGARET	1.2 NAME	
STREET ADDRESS	YULEE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	WALLACE, JO BETTY	2.2 NAME	
STREET ADDRESS	CHAMEL POOL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	HAMPTON, JOAN	3.2 NAME	
STREET ADDRESS	YULEE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA, FL 00000	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 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)(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: MARGARET Sheppard Margaret Sheppard 1-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date

0413/95 FP