


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

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May 20 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **396846** (8)

1. Corporation Name  
**KING SHRIMP CO. OF FLORIDA, INC.**

Principal Place of Business <b>100 LANIER BLVD PO BOX 899 BRUNSWICK GA 31521</b>	Mailing Address <b>100 LANIER BLVD PO BOX 899 BRUNSWICK GA 31521-0899</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/06/1972</b>	3a. Date of Last Report <b>02/27/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>58-0630562</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				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		Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	VD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	WILLIAMS, J L		1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	138 COLONIAL DRIVE		1.2 NAME		
CITY-ST-ZIP	ST SIMONS ISLAND GA		1.3 STREET ADDRESS		
TITLE	CD	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	31522	
NAME	BRUBAKER, R P		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	308 JOHN SHAW		2.2 NAME		
CITY-ST-ZIP	ST.SIMONS ISL. GA		2.3 STREET ADDRESS		
TITLE	SD	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	31522	
NAME	GILBERT, JAMES		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	154 SHORE RUSH DR		3.2 NAME		
CITY-ST-ZIP	ST SIMONS ISL, GA 0		3.3 STREET ADDRESS		
TITLE	VD	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	31522	
NAME	SULLIVAN, D. J.		4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	122 ST. ANDREWS		4.2 NAME		
CITY-ST-ZIP	ST SIMONS ISL, GA 0		4.3 STREET ADDRESS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	31522	
NAME	SWICORD, EARL		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	204 HERMITAGE WAY		5.2 NAME		
CITY-ST-ZIP	ST SIMONS ISLAND GA		5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

14. I do 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:  D.J. SULLIVAN 4/13/97 912-245-5155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0478873

CR2E034 (9/96)