Jun 29, 1999 8:00 am Secretary of State

06-29-1999 90011 004 *1,100.00

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**

1. Corporat	JMENT # 396846					
	SHRIMP CO. OF FLORIDA, IN	C.				
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	·					
Principal Pla	ace of Business	Mailing Address				
100 LANIER		100 LANIER BLVD				
PO BOX 899 BRUNSWICK		PO BOX 899 BRUNSWICK GA 31521		DO NOT WRITE	IN THIS SPACE	
DOUNGHION	GM 31321	DIDITORIOR OR SIDEI		3. Date Incorporated or Qualifed	-	
				03/06/1972		
2. Principal	Place of Business	2a. Mailing Address	,	4. FEI Number		lied For
21		26		58-0630562		Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$ 8.75 Ac	
22		City & State		C Ft-4i Carreiro Financias	¬ \$5.00 M	
City & S	ate	28		6. Election Campaign Financing Trust Fund Contribution	Added to	- 1
Zip	Country		Country	This corporation owes the current		
24	25		.0	Personal Property Tax.		∃No
27	9. Name and Address of Current			10. Name and Address of New Reg	istered Agent	
			81 Name			į
CT CORPORATION SYSTEM		82 Street Add	ress (P.O. Box Number is Not Acceptable	e)		
1200 S. PINE ISLAND ROAD PLANTATION FL 33324		83				
ו	ANTA 11014 FE 35324		63			
			84 City		FL 85 Zip C	ode
11 Pursua	nt to the provisions of Sections 607 0507	2 and 607.1508. Florida Statutes	s, the above-named corr	poration submits this statement for the pu	rnose of changing its r	egistered
office o	r registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was aut	nonzed by the comograti	on's board of directors. I hereby accept t	he appointment as reg	istered
_		ibits 61, education eet :0000, 1 ibits				
SIGNATUR						
	Signature, typed or printed name of registered agen		Registered Agent signature require		DATE	
12.	Signature, typed or printed name of registered agen OFFICERS AN	D DIRECTORS	13.	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTOR	
12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN		13. 1.1 TITLE		_	R\$ IN 12
	Signature, typed or printed name of registered agen OFFICERS AN D WILLIAMS, J L	D DIRECTORS	13. 1.1 TITLE 1.2 NAME		CERS AND DIRECTOR	
TITLE NAME STREET ADDRE	Signature, typed or printed name of registered agen OFFICERS AN D WILLIAMS, J L 138 COLONIAL DRIVE	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		CERS AND DIRECTOR	
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS