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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTIMENT OF STATE
Sandra B. Mortham
Secretary of State

1996

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| Corporatio | | | | | | | |
| BEAC | H SHRIMP PACKERS, INC | Ç. | | \$ (ADISA CIADI IPDA DAMI ADIA) : | | All Albii Albii Albii | |
| Principal Place | o of Pucinopa | Nether Addition | | | | | |
| Principal Place of Business Mailing Address 1100 SHRIMP BOAT LANE 1100 SHRIMP BOAT (P. O. BOX 2490 P. O. BOX 2490 | | • | | | | | |
| | | LANE | | | | | |
| FT. MYERS | BEACH FL 33932-9490 | FT. MYERS BEACH | FL 03932249 | 312000000000000000000000000000000000000 | orate e | | |
| | | US | | 3. Date Incorporated or Qualifies 10/03/1972 | | e of Last Report)1/25/1995 | l |
| Principa! Pi | tace of Business | 2a. Mailing Address 26 | | 4. FER Number 59-1420020 | L | ⊢ → — – – | ed For |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | \$8.75 Add | \pplicabl |
| İ | | 27 | | 5. Certificate of Status Desired | | Fee Requ | |
| City & Stati | e | City 8 State | | 6. Election Campaign Financing | r¬ | \$5.00 Ma | ay Be |
| Zip | Country | 28 | Court | Trust Fund Contribution | | Added to F | Fees |
|] | 25 | Zip [29] | Country | B. This corporation has liability to Florida Statutes | | ax under s 199. | .032, |
| | 9. Name and Address of Cur | | 130 | 10. Name and Address of New | | Agent | |
| | | | 81 Name | | | | |
| | r, lawrence | | 82 Street Ad | dress (P.O. Box Number is Not Accent | ablet | | |
| | ILLIAMS DRIVE | | h | | | | |
| FI. MY | ERS BEACH FL 33931 | | 83 | | | | |
| | | | 84 City | | | 85 Zip Cod | de |
| GNATURE | on a company of the constraint | ection 607.0505, Florida Statub | es. | oration submits this statement for the p and of directors. Thereby accept the ar | poniment as | registered ager | nt. i am |
| | Styriatine, typed or printed name of registeres ag | | NOTE Projected Agents y announger 13. | red where re-si-high | - [iA] į- | | |
| | Signatine, piped or printed name of registered at OFFICE RIS A | gert and the mapplicans — — — — — — — — — — — — — — — — — — — | NOTE Forgstored Agent's in a notion of pr | | FICERS AND | DIRECTORS IN | |
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oath; that I am an officer or director of the confortal 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 confortalion or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if granged, d. in an attachment with an address.

SIGNATURE: 9

AND ALL AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/94 941.334-2703