

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **585527** (5)
1. Corporation Name
EVERGLADES FISH CORP.



Principal Place of Business: **208 CAMELLIA ST. P. O. BOX 230 EVERGLADES CITY FL 33929**
Mailing Address: **208 CAMELLIA ST. P. O. BOX 230 EVERGLADES CITY FL 33929**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **09/06/1978**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1844208**
5. Credit for State Taxes 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
**GRIMM, HOWELL W., JR.
208 CAMELLIA STREET
EVERGLADES CITY FL 33929**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is N if Acceptable)
83.
84. City
FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	GRIMM, ALFRED M.	
STREET ADDRESS	208 CAMELLIA STREET	
CITY-STATE-ZIP	EVERGLADES CITY FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	GRIMM, HOWELL W., SR.	
STREET ADDRESS	208 CAMELLIA STREET	
CITY-STATE-ZIP	EVERGLADES CITY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRIMM, HOWELL W., JR.	
STREET ADDRESS	208 CAMELLIA ST	
CITY-STATE-ZIP	EVERGLADES CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY-STATE-ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY-STATE-ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY-STATE-ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY-STATE-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
35. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
36. NAME	
37. STREET ADDRESS	
38. CITY-STATE-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 (1)(b)(9), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 trustee or trustee's receiver 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: *Howell W. Grimm Jr* **Howell W. Grimm JR 3/27/96 941-695-3241**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)