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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 585527 1. Corporation Name

EVERGLADES FISH CORP.

FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90073 030 ***150.00



Principal Place	of Business	Mailing Address				
08 CAMELLIA S	ST.	208 CAMELLIA ST.				
O. BOX 230		P. O. BOX 230		DO NOT WORK	NI THIS COACE	-
ERGLADES CIT	TY FL 33929	EVERGLADES CITY FL 33929	1	DO NOT WRITE I	N THIS SPACE,	
				3. Date Incorporated or Qualifed		
				09/06/1978	· · · · · · · · · · · · · · · · · · ·	
Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number		lied For-
		26		59-1844208		Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	1 \$8.75 A	
		27		3. Certificate of Status Besided	Fee Rec	uired
City & State		City & State		6. Election Campaign Financing	\$5.00	vtay Be
		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current	year Intangible	
<u> </u>	25	29	10	Personal Property Tax.	☐ Yes [∏No
L	9. Name and Address of Curren			10. Name and Address of New Regi	stered Agent	
			81 Name			
GRIMI	M, HOWELL W., JR.		100 000			· · · · · · · · · · · · · · · · · · ·
	CAMELLIA STREET		82 Street Add	iress (P.O. Box Number is Not Acceptable	,	
	GLADES CITY FL 33929		83	AND THE STATE OF T	n vin i dian dian dian di	211 81211 1341
			"	· · · · · · · · · · · · · · · · · · ·	主權。精和問題	11 11 11 11
			84 City	THE DISTRIBUTE CONTROL OF THE PROPERTY OF	" 85 Zip C	ode "
					FL T	
1. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named cor horized by the comorat	poration submits this statement for the pur ion's board of directors. I hereby accept th	pose of changing its r e appointment as req	istered
agent Lam	familial with, and acceptable obligation	itions of, Section 607,0505, Florid	ta Statutes	ion's board of another of the early accept in	, ,	
			da Gialdica,			_
	1/40 CU. M. I	(DRES)	a Glatoles,	1	112/99	•
IGNATURE	Signature, typed or printed name of registered ager	(PRes)		od Wildit tolsowarg) , a, t. t.	DATE /	
IGNATURE 5	Signature, typed or printed name of registered ager	(PRes)		red when reinstating) (15.5), (15.6) ADDITIONS/CHANGES TO OFFIC	DATE / PROPERTIES AND DIRECTOR	
IGNATURE 5	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Agent signature requir		DATE /	
IGNATURE 5	Signature, typed or printed name of registered ager OFFICERS AN	(PRES) Int and title if applicable. (NOTE: R	Registered Agent signature require		DATE / PROPERTIES AND DIRECTOR	
2. TLE	Stjaniure, typed or printed name of registred ager OFFICERS AN STD WANCH J GRIMM	(PRES) Int and title if applicable. (NOTE: R	legistered Agent signature requirements 13.		DATE / PROPERTIES AND DIRECTOR	
SIGNATURE S 2. TLE AME TREET ADDRESS	Stjaniure, typed or printed name of registred ager OFFICERS AN STD WANCH J GRIMM 208 CAMELLIA STREET	(PRES) Int and title if applicable. (NOTE: R	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME		DATE / PROPERTIES AND DIRECTOR	
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OFFICER OR DIRECTOR