

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 650901 (2)
1. Corporation Name
TRAWLER NORTHER, INC.

Principal Place of Business
APALACHEE ST
PO BOX 24
APALACHICOLA FL 32320

Mailing Address
12 APALACHEE ST
PO BOX 24
APALACHICOLA FL 32320
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/11/1980	3a. Date of Last Report 04/30/1996
4. FEI Number 59-1970977	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 12 Apalachee ST. Suite, Apt. #, etc. 22 Apalachicola City & State 23 Florida Zip 24 32320 Country 25 U.S.A.	2a. Mailing Address 26 12 Apalachee ST. Suite, Apt. #, etc. 27 Apalachicola City & State 28 Florida Zip 29 32320 Country 30 U.S.A.
--	---

9. Name and Address of Current Registered Agent SILVA, JAMES APALACHEE ST APALACHICOLA, FL	10. Name and Address of New Registered Agent 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, JAMES F	1.2 NAME	
STREET ADDRESS	APALACHEE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	APALACHICOLA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, OLA JEAN	2.2 NAME	
STREET ADDRESS	APALACHEE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	APALACHICOLA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: M. Silva, Jr. Trawler Northern, Inc.

8-7-97 904-153-8539

CR2E034 (4/97)

2

August 5, 1997

Florida Secretary of State
Corporate Records
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir:

Enclosed is my check for my corporation renewal. I am requesting consideration in abating some or all of the penalties for failure to renew my corporation timely. This was not a deliberate act on my part. I closed my post office box where I was having my mail delivered and am now having my mail delivered to my home address. Since I have had home delivery of my mail I receive neighbor's mail and I am assuming they receive some of mine. If this was not the case, I don't know what happened to the renewal notice. I did not receive my notice for renewal and with all the illness in my family I did not remember to do this without the reminder notice.

Sincerely,

James Silva
Trawler Norther, Inc

James I. Silva D.P.
Als Jean Silva S.V.