SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 26 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # **751055** **(5)**

1. Corporation Name
WAKULLA COMMERCIAL FISHERMEN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 672 PANACEA FL 32346	P.O. BOX 672 PANACEA FL 32346

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1980
3a. Date of Last Report: 03/09/1994
4. FEI Number: 59-2904994 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HUTTON, LINDA
HIGHWAY 98
PANACEA FL 32346

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature required if printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	RANKIN, ALLAN	12 NAME	
STREET ADDRESS	HWY 98	13 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL 32346	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	Vice-President ☒ Change ☐ Addition
NAME	AVERY, ROY L.	22 NAME	Clark Nicholas
STREET ADDRESS	P.O. BOX 454 N/A	23 STREET ADDRESS	P.O. Box 6
CITY-ST-ZIP	SOPCHOPPY FL 32358	24 CITY-ST-ZIP	Sopchoppy, Florida 32358
TITLE	S	31 TITLE	Secretary ☒ Change ☐ Addition
NAME	COLLENE, AVERY	32 NAME	Kim P. Davis
STREET ADDRESS	P.O. BOX 454 N/A	33 STREET ADDRESS	P.O. Box 757
CITY-ST-ZIP	SOPCHOPPY FL 32358	34 CITY-ST-ZIP	Panacea, Florida 32346
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SPEARS, MARSHALL	42 NAME	
STREET ADDRESS	ROUTE 1 BOX 3670	43 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	HUTTON, STACEY	52 NAME	Carlos Taff
STREET ADDRESS	HWY 98	53 STREET ADDRESS	Rt 3 Box 5076
CITY-ST-ZIP	PANACEA FL 32346	54 CITY-ST-ZIP	Crawfordville, Florida 32327
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PORTER, RAYMOND	62 NAME	
STREET ADDRESS	HWY 98	63 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL 32346	64 CITY-ST-ZIP	

CR2E037 (3/95)

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Kim P. Davis 7-18-95 (904)984-0257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003010