SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Aug 13 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # 751055 (5) WAKULLA COMMERCIAL FISHERMEN'S ASSOCIATION, INC. Principal Place of Business Malling Address P.O. BOX 672 P.O. BOX 672 3. Date Incorporated or Qualified PANACEA FL 32348 PANACEA FL 32346 02/14/1980 4. FEI Number Applied For 59-2904994 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? □No 23 28 Yes Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RONALD FRED CRUM 82 Street Address (P.O. Box Number is Not Acceptable) HIGHWAY 98 83 P. O. BOX 145 PANACEA FL 82346 City Zip Code 85 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. reasurer SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (2/38) TITLE 1 1 TITLE DELETE Change Addition Keith Ward NAME RANKIN, ALLAN 1.2 NAME 7P.O.BOX 104 N/A STREET ADDRESS 72 DRIFTWOOD DR 1.3 STREET ADORESS PANACEA FL CITY-ST-ZIP <u>St Marks Fl 32355</u> 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change Addition NICHOLAS, CLARK Ronald F. Crum NAME 2.2 NAME 7P.O. BOX 145 N/A STREET ADDRESS P.O. BOX 6 N/A 2.3 STREET ADDRESS Panacec, Fl 32355 SPOCHOPPY FL 32358 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change Addition Heidi Taylor NAME PROBERT, JOHN 3.2 NAME PO. BOX 695 NIA P 0 BOX 190 N/A STREET ADDRESS 3,3 STREET ADDRESS PANACEA FL CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 41 TITLE Change DELETE Addition MARY HELEN PORTER NAME 4.2 NAME **HWY 98** STREET ADDRESS 4.3 STREET ADDRESS PANACEA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP 6.1 TITLE DELETE Chaire TAPF, CARLOS NAME 5.2 NAME RT 8, BOX 5076 STREET ADDRESS 5.3 STREET ADDRESS **CRAWFOERDVILLE FL 32327** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition PORTER, RAYMOND NAME 6.2 NAME **HWY 98** STREET ADDRESS 6.3 STREET ADDRESS PANACEA FL 32346 CITY-ST-ZIP 6.4 CITY-ST-ZIP

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

SIGNATURE:

reasurer 7-3-98