FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR -6 AM 6:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 790879 (1)

1. Corporation Name
FLORIDA TROPICAL FISH FARMS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1519 332 WEST CENTRAL AVE., WINTER HAVEN FL 33880	P.O. BOX 1519 332 WEST CENTRAL AVE., WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1964
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-1173989 ☐ 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 ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

ATCHISON, RICHARD
1322 VALLEYHILL DRIVE
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name: BOOZER, DAVID
82 Street Address (P.O. Box Number is Not Acceptable)
83: 332 West Central Ave.
84 City: Winter Haven FL 85 Zip Code: 33880

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] 4/3/95
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	VP	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SEGREST, ELWYN	1.2 NAME	SEGREST, ELWYN	
STREET ADDRESS	P.O. BOX 758 N/A	1.3 STREET ADDRESS	P. O. BOX 758 N/A	
CITY-ST-ZIP	GIBSONTON FL 33534	1.4 CITY-ST-ZIP	GIBSONTON, FL 33534	
TITLE	DP	2.1 TITLE	SAME	☐ Change ☐ Addition
NAME	HUKLE, CHERYL	2.2 NAME		
STREET ADDRESS	5520 WILINS RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPAAND FL 33810	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	ATCHISON, RICHARD	3.2 NAME	NORTON, PAUL	
STREET ADDRESS	1322 VALLEY HILL DR.	3.3 STREET ADDRESS	2415 30th St. S.E.	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	RUSKIN, FL 33570	
TITLE	DS	4.1 TITLE	SAME	☐ Change ☐ Addition
NAME	DRAWDY, DONALD	4.2 NAME		
STREET ADDRESS	2720 GRIMES RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33805	4.4 CITY-ST-ZIP		
TITLE	DT	5.1 TITLE	SAME	☐ Change ☐ Addition
NAME	HENNESSY, MIKE	5.2 NAME		
STREET ADDRESS	7502 SYMMES RD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	GIBSONTON FL 33534	5.4 CITY-ST-ZIP		
TITLE	DP	6.1 TITLE	D	☒ Change ☐ Addition
NAME	DWIGHT, WILLIAM	6.2 NAME	SANCHEZ, TODD	
STREET ADDRESS	6115 HWY 98 NORTH	6.3 STREET ADDRESS	1331 10th AVE. S.E.	
CITY-ST-ZIP	LAKELAND FL 33805	6.4 CITY-ST-ZIP	RUSKIN, FL 33570	

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: [signature] 3/20/95 (813) 677-5475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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