

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **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 33880P.O. BOX 1519
332 WEST CENTRAL AVE.
WINTER HAVEN FL 33880-29603. Date Incorporated or Qualified
03/24/19643a. Date of Last Report
03/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOOZER, DAVID
332 W CENTRAL AVE
WINTER HAVEN FL 33880

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

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 **D** ☐ DELETE
NAME **SEGREST, ELWYN**
STREET ADDRESS **P.O. BOX 758 N/A**
CITY-ST-ZIP **GIBSONTON FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE **DP** ☐ DELETE
NAME **HUKLE, CHERYL**
STREET ADDRESS **5520 WILINS RD.**
CITY-ST-ZIP **TAMPAAND FL 33610**2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **Same**
2.4 CITY-ST-ZIPTITLE **VP** ☐ DELETE
NAME **NORTON, PAUL**
STREET ADDRESS **2415 SE 30 ST**
CITY-ST-ZIP **RUSKIN FL**3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **P**
3.3 STREET ADDRESS **Same**
3.4 CITY-ST-ZIPTITLE **DS** ☐ DELETE
NAME **DRAWDY, DONALD**
STREET ADDRESS **2720 GRIMES RD.**
CITY-ST-ZIP **LAKELAND FL 33805**4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **VP**
4.3 STREET ADDRESS **Same**
4.4 CITY-ST-ZIPTITLE **DT** ☐ DELETE
NAME **HENNESSY, MIKE**
STREET ADDRESS **7502 SYMMES RD.**
CITY-ST-ZIP **GIBSONTON FL 33534**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **SANCHEZ, TODD**
STREET ADDRESS **1331 SE 10 AVE**
CITY-ST-ZIP **RUSKIN FL**6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **DS**
6.3 STREET ADDRESS **Same**
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0054574**

CR2E037 (9/96)