

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **790879** (1)
1. Corporation Name
FLORIDA TROPICAL FISH FARMS ASSOCIATION, INC.

Principal Place of Business P.O. BOX 1519 332 WEST CENTRAL AVE., WINTER HAVEN FL 33880	Mailing Address P.O. BOX 1519 332 WEST CENTRAL AVE., WINTER HAVEN FL 33880
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3. Date Incorporated or Qualified
03/24/1964
4. FEI Number
59-1173989
Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BOOZER, DAVID
332 W CENTRAL AVE
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

☐ DELETE

TITLE	D
NAME	SEGREST, ELWYN
STREET ADDRESS	P.O. BOX 758 N/A
CITY-ST-ZIP	GIBSONTON FL
TITLE	D
NAME	HUKLE, CHERYL
STREET ADDRESS	5520 WILNS RD.
CITY-ST-ZIP	TAMPAAND FL
TITLE	P
NAME	NORTON, PAUL
STREET ADDRESS	2415 SE 30 ST
CITY-ST-ZIP	RUSKIN FL
TITLE	VP
NAME	DRAWDY, DONALD
STREET ADDRESS	2720 GRIMES RD.
CITY-ST-ZIP	LAKELAND FL
TITLE	DT
NAME	HENNESSY, MIKE
STREET ADDRESS	7502 SYMMES RD.
CITY-ST-ZIP	GIBSONTON FL 33534
TITLE	DS
NAME	SANCHEZ, TODD
STREET ADDRESS	1331 SE 10 AVE
CITY-ST-ZIP	RUSKIN FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL K. HENNESSY

3/30/98

(813) 677-5475

Date Daytime Phone # 0058821

CR2E037 (10/97)