

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90005 024 ****61.25

DOCUMENT # 790879

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/24/1964

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

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

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

TITLE ☒ DELETE

NAME **D**
SEGREST, ELWYN
STREET ADDRESS **P.O. BOX 758 N/A**
CITY-ST-ZIP **GIBSONTON FL**

TITLE ☐ DELETE

NAME **D**
HUKLE, CHERYL
STREET ADDRESS **5520 WILINS RD.**
CITY-ST-ZIP **TAMPAAND FL**

TITLE ☐ DELETE

NAME **P**
NORTON, PAUL
STREET ADDRESS **2415 SE 30 ST**
CITY-ST-ZIP **RUSKIN FL**

TITLE ☐ DELETE

NAME **VP**
DRAWDY, DONALD
STREET ADDRESS **2720 GRIMES RD.**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME **DT**
HENNESSY, MIKE
STREET ADDRESS **7502 SYMMES RD.**
CITY-ST-ZIP **GIBSONTON FL 33534**

TITLE ☒ DELETE

NAME **DS**
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 ☒ Change ☐ Addition

NAME **D**
Brad McLane
1.3 STREET ADDRESS **700 S. Flamingo Road**
1.4 CITY-ST-ZIP **FtL Lauderdale, FL 33325**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **PPD** ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **PD** ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME **D**
Art Rawlins
6.3 STREET ADDRESS **3402 Kent Path Ct.**
6.4 CITY-ST-ZIP **Lithia, FL 33547**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/23/99

(813) 677-5475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)