

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 791055 (7)

1. Corporation Name

LEE COUNTY FISHERMAN'S COOPERATIVE, INC.

Principal Place of Business

P.O. BOX 728
MATLACHA FL 33909

Mailing Address

P.O. BOX 728
MATLACHA FL 33909

FILED

Jan 25, 1996 08:00 AM
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1976		3a. Date of Last Report 03/08/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1667750		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SPEARING, GARY
851 CAROLINA AVE.
FT MYERS FL 33905

10. Name and Address of New Registered Agent

81 Name JOHN M. NIELSON
82 Street Address (P.O. Box Number is Not Acceptable)
5892 SAMOA DRIVE
83 BOKEELIA FLA
84 City
85 Zip Code FL 33922

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: *John M. Nielson* PRESIDENT DATE: 1/19/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIELSON, JOHN	12 NAME	
STREET ADDRESS	5892 SAMOA DR.	13 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEARING, GARY	22 NAME	
STREET ADDRESS	851 CAROLINA AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERZ, KIM	32 NAME	
STREET ADDRESS	RT 1 BOX JUDITH RD.	33 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK, JOHN	42 NAME	
STREET ADDRESS	4390 CURLEW DR.	43 STREET ADDRESS	
CITY-ST-ZIP	ST. JAMES CITY FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUTCH, HAROLD	52 NAME	
STREET ADDRESS	AVE B	53 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(k), 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: *John M. Nielson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 (813)
283-1173
Date Daytime Phone #

CR2E037 (12/95)