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FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **791055** (7)

1. Corporation Name

LEE COUNTY FISHERMAN'S COOPERATIVE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 728
MATLACHA FL 33909

P.O. BOX 728
MATLACHA FL 33909
6001 MARIA DR.
ST. JAMES CITY, FL 33956

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33956 **U.S.A.**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/22/1976

4. FEI Number

59-1667750

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. 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

10. Name and Address of New Registered Agent

NIELSON, JOHN M.
5802 SAMOA DR.
BOKEELIA FL 33922

81. Name

PATRICK, JOHN

82. Street Address (P.O. Box Number is Not Acceptable)

5459 MEADOWLARK LN

83.

84. City

BOKEELIA

FL

85. Zip Code

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

Signature, typed 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 ☒ DELETE
NAME **PD NIELSON, JOHN**
STREET ADDRESS **5802 SAMOA DR.**
CITY-ST-ZIP **BOKEELIA FL 3**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD CONLEY, FRANK**
1.3 STREET ADDRESS **5527 EASY ST.**
1.4 CITY-ST-ZIP **BOKEELIA, FL 33922**

TITLE ☐ DELETE
NAME **T GERZ, KIM**
STREET ADDRESS **RT 1 BOX JUDITH RD.**
CITY-ST-ZIP **BOKEELIA FL 33922**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S PATRICK, JOHN**
STREET ADDRESS **4800 GURLEY DR. 5459 MEADOWLARK LN**
CITY-ST-ZIP **ST. JAMES CITY FL BOKEELIA, FL 33922**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **5459 MEADOWLARK LANE**
3.4 CITY-ST-ZIP **BOKEELIA, FL 33922**

TITLE ☐ DELETE
NAME **D FUTCH, HAROLD**
STREET ADDRESS **AVE B**
CITY-ST-ZIP **BOKEELIA FL 33922**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

[Signature]

3-30-98 (941) 283-1173

CR2E037 (10/97)