FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F66995

B.J. & K. FISHERIES, INC.

FILED	
Jun 10 1997 8:00an	1
Secretary of State	

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Principal Place of Business				Mailing Address				H HEBITER TITO BETTER DEFINE JURISH HONDT BITT BERKE BERKE BERKE BERKE BERKE BERKE BERKE			
% R. JERRY RANDOLPH. JR 6325 GATOR TRAIL PALM CITY FL 34960			632	% R. JERRY RANDOLPH. JR 6325 GATOR TRAIL PALM CITY FL 34990-5565							
								3. Date Incorporated or Qualified 02/12/1982	1	te of Last F 8/1996	Report
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		A	pplied For
21			26	26				59-2172350 Not Ar			ot Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22			27								(equired
City & State				City & State				6. Election Campaign Financing	F1		May Bo
23			28	28				Trust Fund Contribution	Ш		to Fees
Zip		Country	ļ	Zip		Country	,	8. This corporation has liability for			s. 199.032,
24		25	29		30				Yes [
D411		and Address of Curren	it negisi	eren Agent		81	Name	10. Name and Address of New Re	gistered A	deur	
		JERRY, JR					Name				1
	EMINOLE					82	Street Ad	dress (P.O. Box Number is Not Acceptat	ole)		
STU	ART FL 334	194									
						83					
						84	City			85 Zip	Code
	 						<u> </u>		FL		
11. Pursuant office or ragent. La	to the provis egi ste red ag ım fam iliar wi	ions of Sections 607.060 ent, or both, in the State th, a nd accept the obliga	2 and 60 of Florid ations of	07.1508, Florida la: Such chang , Section 607.0	i Statules, th e was autho 505, Florida	e abov rized by Statute:	e-named co / the corpor s.	rporation submits this statement for the patient's board of directors. I hereby acception	ourpose of of the appo	changing i pintment as	its registered registered
SIGNATURE	Stonature, typed	or printed name of registered ago	nt and title	I applicable	(NO1E: Regi	stered Age	ent signature req	juired when reinstating)	DATE		
12.		OFFICERS AN	D DIREC	TORS		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12
TITLE	PST			☐ DELI	TE	1.1 TITLE				Change	Addition
NAME	NAYLOR,	Barbara Jo				1.2 NAME					
STREET ADDRESS	6325 GAT	OR TRAIL				1.3 STREET	ADDRESS				
CITY-ST-ZIP	PALM CIT	Y FL				1.4 CITY - 9	1 - 2(P				
TITLE	V	···		DELI	TE ;	2.1 TITLE				Change	Addition
NAME	NAYLOR,	JAMES H.			2	2.2 NAME					
STREET ADDRESS	6325 GAT	OR TRAIL			2	2.3 STREET	ADDRESS	•			
CITY-ST-ZIP	PALM CIT	Y FL				2. 4 CITY -	ST-ZIP				
TITLE				☐ DEU	TE 3	3.1 TITLE				Change	Addition
NAME					3	3.2 NAME					
STREET ADDRESS						3.3 STREET	ADDRESS				
CITY-ST-ZIP					3	3.4. CITY-:	S1-7IP				
TITLE				DELI		4.1 TITLE				Change	☐ Addition
NAME						4. 2 NAME					
STREET ADDRESS						4.3 STREFT	ADDRESS				
CITY-ST-ZIP						4.4 CITY - S	1-7IP				
TITLE				DELE		5.1 TITLE				Change	Addition
NAME	!					5.2 NAME					
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP						5.4 CITY- S	ł				
TITLE				☐ DELE		6.1 TIPLE			·	Change	Addition
NAME						6.2 NAME				-	
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP						5.4 CITY - S	i				
₩ 111 - Q1 - €#					1	and will 1 to					

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 607, Florida Statutes; and that my name appears in Block 12 or Block 11 if changed, or on an attachment with an address.