

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92009 (2)

1. Corporation Name

FISHERMEN'S MARKET, INC.



Principal Place of Business

Mailing Address

P.O. BOX 4044
OCALA FL 34478

P.O. BOX 4044
OCALA FL 34478

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 4044

26 333-16th Ave. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ocala, FL

28 St. Petersburg, FL

Zip

Zip

Country

Country

24 34478

25 Marion

29 33701

30 Pinellas

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/26/1982

3a. Date of Last Report

04/10/1995

4. FET Number

59-2220079

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

X

Yes

No

10. Name and Address of New Registered Agent

JOHNSON, RICHARD A. C
421 NE 14TH ST.
OCALA FL 34470

81 Name

Anita K. Layton

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

333 16th Avenue S.

83

84 City

St. Petersburg

FL

85 Zip Code

33701

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Anita K. Layton - ANITA K. LAYTON, SECRETARY

3/14/96

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SHERRILL, JONATHAN DAVID
STREET ADDRESS 1ST STREET EAST
CITY-ST-ZIP HORSESHOE BEACH, FL00000

TITLE VP
NAME SHERRILL, MARK JOSEPH
STREET ADDRESS 198 PINE COURSE TRACE
CITY-ST-ZIP Ocala FL

TITLE ST
NAME LAWTON, ANITA
STREET ADDRESS 333 16TH AVENUE, SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ST
LAYTON, ANITA
333 16TH AVE. S.
ST. PETERSBURG, FL 33701

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 in 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Anita K. Layton ANITA K. LAYTON, SECRETARY, 3-16-96

Date

Daytime Phone #

813-822-1288

CR2E034 (12/95)