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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92009 (2)
 1. Corporation Name
FISHERMEN'S MARKET, INC.

Principal Place of Business P.O. BOX 4044 OCALA FL 34478	Mailing Address 333-16TH AVE. S. ST. PETERSBURG FL 33701-5529 US
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2. Principal Place of Business 21 P.O. Box 4044 Suite, Apt. #, etc.		2a. Mailing Address 26 333-16th Ave. S. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/26/1982	3a. Date of Last Report 03/21/1996
22 City & State 23 Ocala, FL		27 City & State 28 St. Petersburg, FL		4. FEI Number 59-2220079	Applied For <input type="checkbox"/> Not Applicable
24 Zip 34478	Country 25 Marion	29 Zip 33701	Country 30 Pinellas	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAYTON, ANITA K. 333 16TH AVENUE S. ST. PETERSBURG FL 33701		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85	Zip Code
		FL	

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Anita K. Layton* **ANITA K. LAYTON - SECRETARY** **3/25/97**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Director
NAME	SHERRILL, JONATHAN DAVID	1.2 NAME	Timothy A. Griffin
STREET ADDRESS	1ST STREET EAST	1.3 STREET ADDRESS	102 W. Williamsburg Dr.
CITY-ST-ZIP	HORSESHOE BEACH, FL00000	1.4 CITY-ST-ZIP	Starkville, MS 39759
TITLE	VP	2.1 TITLE	
NAME	SHERRILL, MARK JOSEPH	2.2 NAME	
STREET ADDRESS	198 PINE COURSE TRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	LAYTON, ANITA	3.2 NAME	
STREET ADDRESS	333 16TH AVENUE, SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 13 if changed or in an attachment with an address.

SIGNATURE: *Anita K. Layton* **ANITA K. LAYTON** **3-25-97** **813-822-1288**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)