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FILED  
Jun 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

333-16TH AVE. S.  
ST. PETERSBURG FL 33701  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1982

4. FEI 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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 P.O. Box 4044

Suite, Apt. #, etc

22 City & State

23 Ocala, FL

Zip

24 34478

Country

25 Marion

2a. Mailing Address

26 333 - 16th Ave. S.

Suite, Apt. #, etc

27

City & State

28 St. Petersburg, FL

Zip

29 33701

Country

30 Pinellas

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

FL

85 Zip Code

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

5/26/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

D  
NAME GRIFFIN, TIMOTHY A  
STREET ADDRESS 102 W WILLIAMSBURG DRIVE  
CITY-ST-ZIP STARKVILLE MS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 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 5/26/98 813-822-1288

CR2E034 (10/97)