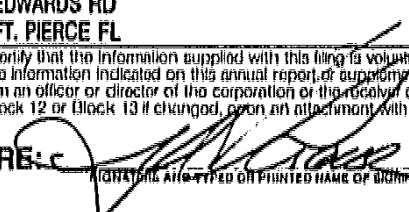


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 95 APR 27 PM 2:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F93926 (6)					
1. Corporation Name C & W FISH COMPANY, INC.					
Principal Place of Business 4745 S.E. DESOTA AVENUE P.O. BOX 1356 PT. SALERNO FL 34992		Mailing Address 4745 S.E. DESOTA AVENUE P.O. BOX 1356 PT. SALERNO FL 34992		DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/09/1982	
21		2a		3a. Date of Last Report 04/20/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FBI Number 59-2215512	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Country		6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24		25		29	
26		30			
9. Name and Address of Current Registered Agent CRANE, J.H. 4608 SE PARK DRIVE PT SALERNO FL 34992				10. Name and Address of New Registered Agent	
				01 Name	
				02 Street Address (P.O. Box Number is Not Acceptable)	
				03	
				04 City	
				FL 05 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					
Signature, typed or printed 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					
1.1 TITLE ☐ Change ☐ Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE ☐ Change ☐ Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE ☐ Change ☐ Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE ☐ Change ☐ Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE ☐ Change ☐ Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE ☐ Change ☐ Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
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 110.07(3)(k), 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, upon an attachment with an address.					
SIGNATURE:  J.H. CRANE 4-21-95 407-286-0106					
OPTIONAL: TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR					