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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F93926** **(6)**

1. Corporation Name
C & W FISH COMPANY, INC.

Principal Place of Business	Mailing Address
4745 S.E. DESOTA AVENUE P.O. BOX 1356 PT. SALERNO FL 34992	4745 S.E. DESOTA AVENUE P.O. BOX 1356 PT. SALERNO FL 34992-1356

3. Date Incorporated or Qualified: 08/09/1982
3a. Date of Last Report: 05/23/1996
4. FEI Number: 59-2215512 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$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 ☐ Yes ☒ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	☐ DELETE	1.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	CRANE, J H		1.2 NAME	CRANE, J H	
STREET ADDRESS	4608 SE PARK DRIVE		1.3 STREET ADDRESS	4608 SE PARK DRIVE (P.O.BOX 356)	
CITY-ST-ZIP	PORT SALERNO, FL 00000		1.4 CITY-ST-ZIP	PORT SALERNO, FL 34992	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	CRANE, R H		2.2 NAME	CRANE, R H	
STREET ADDRESS	4797 S E COMPASS WAY		2.3 STREET ADDRESS	RT 4 BOX 607	
CITY-ST-ZIP	PT SALERNO, FL 00000		2.4 CITY-ST-ZIP	WALTERBORO, SC 29488	
TITLE	DP	☐ DELETE	3.1 TITLE	P/D	☒ Change ☐ Addition
NAME	WINSTEAD, L C III		3.2 NAME	WINSTEAD, L C III	
STREET ADDRESS	EDWARDS RD		3.3 STREET ADDRESS	3223 EDWARDS RD	
CITY-ST-ZIP	FT PIERCE, FL 00000		3.4 CITY-ST-ZIP	FORT PIERCE, FL 34981	
TITLE	D	☐ DELETE	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	CRANE, MILDRED M		4.2 NAME	CRANE, MILDRED M	
STREET ADDRESS	4608 SE PARK DRIVE		4.3 STREET ADDRESS	4608 SE PARK DRIVE (P.O.BOX 356)	
CITY-ST-ZIP	PORT SALERNO, FL 00000		4.4 CITY-ST-ZIP	PORT SALERNO, FL 34992	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	CRANE, LYDIA		5.2 NAME	CRANE, LYDIA	
STREET ADDRESS	4797 S E COMPASS WAY		5.3 STREET ADDRESS	RT 4 BOX 607	
CITY-ST-ZIP	PT SALERNO, FL 00000		5.4 CITY-ST-ZIP	WALTERBORO, SC 29488	
TITLE	D	☐ DELETE	6.1 TITLE	T/D	☒ Change ☐ Addition
NAME	WINSTEAD, DEBRA		6.2 NAME	WINSTEAD, DEBRA	
STREET ADDRESS	EDWARDS RD		6.3 STREET ADDRESS	3223 EDWARDS RD	
CITY-ST-ZIP	FT. PIERCE FL		6.4 CITY-ST-ZIP	FORT PIERCE, FL 44981	

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: J H CRANE, VICE PRESIDENT 4/21/97 561-286-0106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0475271