

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 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 # 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 34992-1356
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/09/1982	3a. Date of Last Report 05/23/1996
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2215512		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

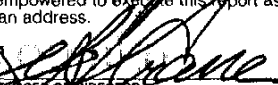
9. Name and Address of Current Registered Agent CRANE, J.H. 4608 SE PARK DRIVE PT SALERNO FL 34992		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	FL	85. Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP CRANE, J H 4608 SE PARK DRIVE PORT SALERNO, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VP/D CRANE, J H 4608 SE PARK DRIVE (P.O.BOX 356) PORT SALE'NO, FL 34992
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRANE, R H 4797 S E COMPASS WAY PT SALERNO, FL 00000	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D CRANE, R H RT 4 BOX 607 WALTERBORO, SC 29488
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WINSTEAD, L C III EDWARDS RD FT PIERCE, FL 00000	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	P/D WINSTEAD, L C III 3223 EDWARDS RD FORT PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRANE, MILDRED M 4608 SE PARK DRIVE PORT SALERNO, FL 00000	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	S/D CRANE, MILDRED M 4608 SE PARK DRIVE (P.O.BOX 356) PORT SALERNO, FL 34992
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRANE, LYDIA 4797 S E COMPASS WAY PT SALERNO, FL 00000	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D CRANE, LYDIA RT 4 BOX 607 WALTERBORO, SC 29488
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WINSTEAD, DEBRA EDWARDS RD FT. PIERCE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	T/D WINSTEAD, DEBRA 3223 EDWARDS RD FORT PIERCE, FL 44981

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

CR2E034 (9/96)