FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G72876** **(7)**

1. Corporate Name
THE CATFISH PLACE OF APOPKA, INC.

Principal Place of Business	Mailing Address
311 FOREST AVE APOPKA FL 32703-4335	311 FOREST AVE APOPKA FL 32703-4335

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/08/1983**
3a. Date of Last Report: **02/28/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
ZIP — 24: County — 25:
ZIP — 29: County — 30:

4. FEI Number: **59-2346583** ☐ 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. The corporation has authority to indemnify its officers and directors under s. 607.0850, Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, ROBERT S. JR.
311 FOREST AVENUE
APOPKA FL 32703

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 Section 607.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.	PD	1.	☐ Change ☐ Addition
NAME	JOHNSON, ROBERT S.	2. NAME	
STREET ADDRESS	311 FOREST AVE	3. STREET ADDRESS	
CITY ST ZIP	APOPKA FL	4. CITY ST ZIP	
1.	S	1.	☐ Change ☐ Addition
NAME	JOHNSON, ELAINE N.	2. NAME	
STREET ADDRESS	705 OAKLEAF CT.	3. STREET ADDRESS	
CITY ST ZIP	APOPKA FL	4. CITY ST ZIP	
1.	V	1.	☐ Change ☐ Addition
NAME	WOOTEN, WAYNE	2. NAME	
STREET ADDRESS	705 OAKLEAF CT.	3. STREET ADDRESS	
CITY ST ZIP	APOPKA FL	4. CITY ST ZIP	
1.	V	1.	X Change ☐ Addition
NAME	DOYLE, GREG	2. NAME	Officer deceased
STREET ADDRESS	959 STUCKI TERRACE	3. STREET ADDRESS	
CITY ST ZIP	WINTER GARDEN FL	4. CITY ST ZIP	
1.		1.	☐ Change ☐ Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY ST ZIP		4. CITY ST ZIP	
1.		1.	☐ Change ☐ Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY ST ZIP		4. CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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 1, 2, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elaine N. Johnson 5/4/95 (407) 889-1980
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036406 CP