

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

FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H97087 (1)

1. Corporation Name

FLORIDA PANHANDLE CATFISH FARMS, INC.

Principal Place of Business

HWY 89 SOUTH
BLOUSTOWN FL 32424
US

Mailing Address

P.O. BOX 1313
VALRICO FL 33595-1313



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 770297

27 Suite, Apt. #, etc.

28 Orlando Florida

29 32877 30 USA

3. Date Incorporated or Qualified

01/31/1986

3a. Date of Last Report

03/05/1996

4. FEI Number

59-2687928

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

9. Name and Address of Current Registered Agent

DAWSON, IRA R.
2123 KENNEN DR.
P.O. BOX 1313
VALRICO FL 33594-1313

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5129 Watervista Drive

83

84 City Orlando

FL

85 Zip Code 32821

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

TITLE PC
NAME DAWSON, IRA RICHARD
STREET ADDRESS 2123 KENNEN DR.
CITY - ST - ZIP VALRICO FL

TITLE VD
NAME MULKEY, LARRY S.
STREET ADDRESS 9329 NW 50TH DORAL CIR.
CITY - ST - ZIP MIAMI FL

TITLE VD
NAME HARMON, LOWELL D.
STREET ADDRESS 2000 CORP. SQ. BLVD #101
CITY - ST - ZIP JACKSONVILLE FL

TITLE DST
NAME RAFFIELD, GENE
STREET ADDRESS 110 21ST ST.
CITY - ST - ZIP PORT ST. JOE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PC
1.2 NAME DAWSON, IRA Richard
1.3 STREET ADDRESS 5129 Watervista Dr.
1.4 CITY - ST - ZIP Orlando, FL 32821

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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: Ira R. Dawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-05-97 407-855-1231
Date Daytime Phone #

CP2E034 (9/96)