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

Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H97094 DEEP REEF FISHERIES, INC. Principal Place of Business Mailing Address 4227 129TH STREET WEST 4227 129TH STREET WEST CORTEZ FL 34215 CORTEZ FL 34215 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1986 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 59-2665041 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BANKS, BLAKE E. 4227 129TH STREET WEST 82 Street Address (P.O. Box Number is Not Acceptable) CORTEZ FL 34215 83 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE BANKS, BLAKE E. NAME 1.2 NAME 4227 129TH STREET WEST STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP CORTEZ FL 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE NAME BANKS, BETTY JANE 2.2 NAME STREET ADDRESS 4227 129TH STREET WEST 2.3 STREET ADDRESS **CORTEZ FL** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-2IP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME

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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual 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:

SIGNATUR

6.3 STREET ADDRESS 6.4 City-St-Zip

STREET ADDRESS

CITY-ST-ZIP