

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 31 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J76180 (5)

1. Corporation Name

WHITE TRASH FISHING AGENCY, INC.

Principal Place of Business

P.O. BOX 1207
BUNNELL FL 32110

Mailing Address

P.O. BOX 1207
BUNNELL FL 32110

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/29/1987

3a. Date of Last Report
07/13/1994

4. FEI Number
59-2856129

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

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CREWS, SCOTT
FAIRGROUND ROAD
P O BOX 1207
BUNNELL FL 32110

correction
of name
only.

81 Name Crews, C. Scott

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

(Signature: hand or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	CREWS, SCOTT
STREET ADDRESS	5503 JOHN ANDERSON
CITY, ST, ZIP	BUNNELL FL
TITLE	V
NAME	CREWS, MELANIE
STREET ADDRESS	5503 JOHN ANDERSON
CITY, ST, ZIP	BUNNELL FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	Change ☒ Addition ☐
12 NAME	Crews, C. Scott correction
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	Change ☐ Addition ☐
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	Change ☐ Addition ☐
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	Change ☐ Addition ☐
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	Change ☐ Addition ☐
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	Change ☐ Addition ☐
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, 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:

C. Scott Crews
President
C. Scott Crews

7-24-95

1904)
437-2205