

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

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**

3. Date Incorporated or Qualified
05/29/1987

3a. Date of Last Report
07/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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

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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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

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

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7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-STATE-ZIP

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8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-STATE-ZIP

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9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-STATE-ZIP

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10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-STATE-ZIP

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11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-STATE-ZIP

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12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-STATE-ZIP

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13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP

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14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-STATE-ZIP

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15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-STATE-ZIP

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16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-STATE-ZIP

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17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY-STATE-ZIP

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18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY-STATE-ZIP

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19.1 TITLE 19.2 NAME 19.3 STREET ADDRESS 19.4 CITY-STATE-ZIP

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20.1 TITLE 20.2 NAME 20.3 STREET ADDRESS 20.4 CITY-STATE-ZIP

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21.1 TITLE 21.2 NAME 21.3 STREET ADDRESS 21.4 CITY-STATE-ZIP

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22.1 TITLE 22.2 NAME 22.3 STREET ADDRESS 22.4 CITY-STATE-ZIP

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23.1 TITLE 23.2 NAME 23.3 STREET ADDRESS 23.4 CITY-STATE-ZIP

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27.1 TITLE 27.2 NAME 27.3 STREET ADDRESS 27.4 CITY-STATE-ZIP

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28.1 TITLE 28.2 NAME 28.3 STREET ADDRESS 28.4 CITY-STATE-ZIP

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29.1 TITLE 29.2 NAME 29.3 STREET ADDRESS 29.4 CITY-STATE-ZIP

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30.1 TITLE 30.2 NAME 30.3 STREET ADDRESS 30.4 CITY-STATE-ZIP

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31.1 TITLE 31.2 NAME 31.3 STREET ADDRESS 31.4 CITY-STATE-ZIP

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32.1 TITLE 32.2 NAME 32.3 STREET ADDRESS 32.4 CITY-STATE-ZIP

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33.1 TITLE 33.2 NAME 33.3 STREET ADDRESS 33.4 CITY-STATE-ZIP

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34.1 TITLE 34.2 NAME 34.3 STREET ADDRESS 34.4 CITY-STATE-ZIP

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35.1 TITLE 35.2 NAME 35.3 STREET ADDRESS 35.4 CITY-STATE-ZIP

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36.1 TITLE 36.2 NAME 36.3 STREET ADDRESS 36.4 CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

37.1 TITLE 37.2 NAME 37.3 STREET ADDRESS 37.4 CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-96

904-437-2205

CR2E034 (12/95)