

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Martinez Secretary of State 1000 Capitol Mall, Tallahassee, FL 32304
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DOCUMENT # K38395 (5)

OCEAN TRAWLERS INC.

95 MAR 11 AM 5:29

REC'D
TALLAHASSEE, FLA

Principal Place of Business 9TH ST & D AVE P.O. BOX 137 CARRABELLE FL 32322	Mailing Address 9TH ST & D AVE P.O. BOX 137 CARRABELLE FL 32322
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 State Apt. # 100 22 City & State 23 Zip		2a. Mailing Address 26 State Apt. # 100 27 City & State 28 Zip		3. Date Incorporated or Qualified 10/13/1988	3a. Date of Last Report 03/31/1994
4. Filing Number 59-2910541		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation has authority for intrastate tax under Chapter 193, Florida Statutes ☐ Yes ☒ No					

9. Name and Address of Current Registered Agent WATKINS, JEWEL M. 9TH ST & D AVE. CARRABELLE FL 32322		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	
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11. Pursuant to the provisions of Sections 607.0503 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12a. TITLE P 12b. NAME WATKINS, JEWEL M. 12c. STREET ADDRESS 9TH ST & D AVE 12d. CITY, ST, ZIP CARRABELLE FL		13a. TITLE ☐ Change ☐ Addition 13b. NAME 13c. STREET ADDRESS 13d. CITY, ST, ZIP	
12a. TITLE VP 12b. NAME POCHT, DEBORAH 12c. STREET ADDRESS 9TH ST & D 12d. CITY, ST, ZIP CARRABELLE FL	Take off	13a. TITLE V.P. 13b. NAME Mary Barrack 13c. STREET ADDRESS P.O. 137 13d. CITY, ST, ZIP Carrabelle FL 32322	☒ Change ☐ Addition
12a. TITLE S 12b. NAME POCHT, ROBERT 12c. STREET ADDRESS 9TH ST & D 12d. CITY, ST, ZIP CARRABELLE FL	Take off	13a. TITLE ☐ Change ☐ Addition 13b. NAME 13c. STREET ADDRESS 13d. CITY, ST, ZIP	
12a. TITLE S 12b. NAME WATKINS, CAROL F. 12c. STREET ADDRESS 9TH ST & D AVE 12d. CITY, ST, ZIP CARRABELLE FL	Take off	13a. TITLE ☐ Change ☐ Addition 13b. NAME 13c. STREET ADDRESS 13d. CITY, ST, ZIP	
12a. TITLE 12b. NAME 12c. STREET ADDRESS 12d. CITY, ST, ZIP		13a. TITLE ☐ Change ☐ Addition 13b. NAME 13c. STREET ADDRESS 13d. CITY, ST, ZIP	
12a. TITLE 12b. NAME 12c. STREET ADDRESS 12d. CITY, ST, ZIP		13a. TITLE ☐ Change ☐ Addition 13b. NAME 13c. STREET ADDRESS 13d. 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 Sections 139.07(4)(a), Florida Statutes. Further, I do hereby certify that the information included 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. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12, or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Jewel Watkins* 4-27-95 904 697-4221