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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # K53059**

RYNCHOPS FISHERIES, INC.

Principal Place of Business Mailing Address % ARTHUR J. MACKEY, JR. % ARTHUR J. MACKEY, JR. 941 BALI RD. 941 BALI RD. COCOA BEACH FL 32931 COCOA BEACH FL 32931-3001 3. Date Incorporated or Qualified 3a. Date of Last Report 12/15/1988 06/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2921748 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & Stafe City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible taxunder s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MACKEY, ARTHUR J., JR. 941 BALL RD Street Address (P.O. Box Number is Not Acceptable) R2 COCOA BEACH FL 32931 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 Stg. alone, typind or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE (96/6) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 DELETE Change 100 1.1 TITLE MACKEY, ARTHUR J., JR. 1.2 NAME E034 NAME 941 BALI RD STREET ACCRESS 1.3 STREET ADDRESS COCOA BEACH FL CITY - \$1 - 71P 1.4 CITY-ST-ZIP DELETE Change Addition 196 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - S1 - 209 2. 4 City-St-ZIP DELETE 3.1 TITLE ☐ Change ☐ Addition THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-\$1-76 3.4. CITY-ST-2IP DELETE Change ☐ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-\$1-70 4.4 CITY-ST-ZIP DELETE TIL.E 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 Tille 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - \$T - ZIP

information indicated on this annual report or supptemental 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 or ph an attachment with an address.

MACKEY JR

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

FILED May 28 1997 8:00am Secretary of State

407-724-6221

