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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 23 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

CARTER BROS. FISHERIES  Principal Piace of Business  6580 FRONT ST. STOCK ISLAND KEY WEST FL 33045	Mailing Address PO BOX 5745 317 WHITEHEAD ST. KEY WEST FL 33045-57	45				
US	US		3. Date Incorporated or Qualified 08/09/1989		e of Last R 9/1996	eport
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	00/10		plied For
21	26		65-0147830		— <del></del>	t Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc		5. Certificate of Status Desired	<b>[X]</b>	\$8.75	
22	City & State				Fee Re	<del></del>
City & State 23	28 City & State		Election Campaign Financing     Trust Fund Contribution	П	\$5.00 Added 1	
Zip Country	Zip	Country	8. This corporation has liability for			
24 25	29	30		Yes 🔲		133.002,
	s of Current Registered Agent		10. Name and Address of New Ro	egistered Ag	gent	
MORGAN, HUGH J.		81 Name				
317 WHITEHEAD ST.		82 Street Add	iress (P.O. Box Number is Not Accepta	ible)		
KEY WEST FL 33040		83		···	····	
		63				
		84 City		FL	<b>85</b> Zip (	Code
11. Pursuant to the provisions of Scotion office or registered arount or back.	os 607 0502 and 607 1508. Florida Sta	4 4			shanning it	s registered
	in the State of Florida. Such change want the obligations of, Section 607.0505,	stutes, the above-hamed cor, as authorized by the corpora Florida Statutes.	poration submits this statement for the ation's board of directors. I hereby acception	purpose or c ept the appoi	intment as	registered
SIGNATURE.		atules, the above-hamed cor as authorized by the corpora Florida Statutes.  NOTE Registered Agent signature requ		purpose of c ept the appoi	intment as	registered
SIGNATURE Signature: type-1 or protect name of 12. OF F	Fingle visit agent and the it applicable (I) FICERS AND DIRECTORS	NOTE Registered Agent signature requ		DATE	DIRECTOR	IS IN 12
SIGNATURE Signature, is and or protest name of  12. OF F  TIPLE DVT	Frequencial and the Importance (Incidence AND DIRECTORS	NOTE Registered Agent signature required 13.	uired when reinstating)	DATE		IS IN 12
SIGNATURE Signature, spaced or protest name of TITLE DVT  NAME CARTER, CHARLES I	Frequencial and the Importance (Incidence AND DIRECTORS	NOTE Registered Agent signature required.  13. 1.1 TITLE 1.2 NAME	uired when reinstating)	DATE	DIRECTOR	IS IN 12
SIGNATURE         Signature: typed or prefet name of           12.         OF F           TIPLE         DVT           NAME         CARTER, CHARLES I           SIREFT ADDRESS         6580 FRONT ST.	Frequencial and the Importance (Incidence AND DIRECTORS	NOTE Registered Agent signature required.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE	DIRECTOR	
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SIGNATURE  Signature typed or protest name of TITLE  DVT  CARTER, CHARLES I 6580 FRONT ST.  KEY WEST FL  D  CARTER, WILLIAM L.  STREET ADDRESS  CITY-SI-72  KEY WEST FL  CARTER, WILLIAM L.  6580 FRONT ST.  KEY WEST FL  KEY WEST FL  KEY WEST FL	Hege constagers and the it applicates 0  ICERS AND DIRECTORS  DELETE  DELETE	NOTE Registered Agent signature required.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	uired when reinstating)	DATE CERS AND I	DIRECTOR Change	S IN 12 Addition Addition
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