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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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May 02 1997 8:00am

Secretary of State

OCUMENT # L9248

(5)

| FLORIDA FISH DISTRIBUTORS & ASSOCIATES, INC. Principal Place of Business Mailing Address | | | | | | | |
|---|---|--|--|--|--|--|---|
| WROBERT P JONES 312 E GEORGIA TALLAHASSEE FL 32301 | | **ROBERT P JONES 312 E GEORGIA TALLAHASSEE FL 32301-1250 | | Date Incorporated or Qualifier | | | |
| | | | | | 08/10/1990 | 03/06/1996 | , |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FLI Number | | pplied For |
| Suite, Apt. # | 1 -4 | 26 | | | 59-3031715 | | lot Applicable |
| Suite, Apt. # | r, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 4 | Additional |
| City & State | | City & State | | | 6. Election Campaign Financing | | Required |
| 3 | | 28 | | | Trust Fund Contribution | | May Be I to Fees |
| Zip | Country | Zip | Country | / | 8. This corporation has liability for | | |
| 4 | 25 | 29 | 30 | | Florida Statutes | Yes No | 0. 100.002 |
| | 9. Name and Address of Curre | ent Registered Agent | | | 10. Name and Address of New | Registered Agent | |
| | ES, ROBERT P | | 81 | Name | | | |
| | E GEORGIA | | 82 | Street Add | lress (P.O. Box Number is Not Accept | lable) | |
| IALI | AHASSEE FL 32301 | | 83 | | | | |
| | | | 63 | | | | |
| | | | 84 | City | *************************************** | FL 85 Zip | Code |
| 11. Pursuant to | the provisions of Sections 607.05 | o02 and 607.1508, Florida Sta | lules, the abov | Le-named corp | poration submits this statement for the lition's board of directors. I hereby acc | | its registered s registered |
| agent. I an | familiar with, and accept the obli | dations of Section 607.0505 | as autriorized bi Florida Statuto | y the corpora | alon's board of directors. Thereby acc | серине арронинениа: | |
| agent. I an | familiar with, and accept the obli | | | | | оорстве арропинента: | . 3 |
| SIGNATURE 5 | Signature , typed or printed manie of registered a | gent and title if applicable (I | VOTE: Registered Agr | | ired when reinstating) | DATE | |
| SIGNATURE 5 | Signature , typed or printed manie of registered a | gent and title if applicable (I | NOTE: Registered Agr | | | DATE FICERS AND DIRECTO | RS IN 12 |
| SIGNATURE 5 | Ignature, typed or printed name of registered a OFFICERS A | gent and title if applicable (I | NOTE: Registered Agr | | ired when reinstating) | DATE | |
| SIGNATURE 5 12. TITLE NAME | Signature , typed or printed manie of registered a | gent and title if applicable (I | NOTE: Bog stered Ag 13. 1.1 THUE 1.2 NAME | e it signature requi | ired when reinstating) | DATE FICERS AND DIRECTO | RS IN 12 |
| SIGNATURE E 12. TITLE NAME STREET ADDRESS | Ignature, typind or printed name of registered a OFFICERS AI P JONES, ROBERT P | gent and title if applicable (I | 13. 1.1 THUE 1.2 NAME 1.3 STREET | en signature requi | ired when reinstating) | DATE FICERS AND DIRECTO | RS IN 12 |
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| SIGNATURE _ | OFFICERS AT PALLAHASSEE FL T CORBITT, RUTH | gentiand title if applicable (f ND DIRECTORS DELETE | NOTE: Repistered Ag 13. 1.1 THUE 1.2 NAME 1.3 STREET 1.4 CHY-5 | en signature requi | ired when reinstating) | DATE FICERS AND DIRECTO Change | RS IN 12 |
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