

**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 # **M66062** (4)  
1. Corporation Name  
**FLORIDA TROPICAL FISH, INC.**



Principal Place of Business: 509 SUNNY RD, 509 SUNNY RD, LAKELAND FL 33801-6614 US  
Mailing Address: 500 SUNNY RD, 509 SUNNY RD, LAKELAND FL 33801-6614 US

3. Date Incorporated or Qualified: 01/27/1988  
3a. Date of Last Report: 02/06/1995  
4. FEI Number: 59-2860531  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

TERRY, GEORGE E.  
509 SUNNY RD.  
LAKELAND, FL 33801

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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

Signatures typed or printed name of registered agent and the filer, if applicable.

NOTE: Registered Agent signature required when re-registering.

DATE

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------|---|---|
| TITLE                      | PD                | 1.1 TITLE   |   |
| NAME                       | TERRY, GEORGE E.  | 1.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | 500 SUNNY RD.     | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LAKELAND FL       | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD                | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CAMPANO, FRANK F. | 2.2 NAME  |   |
| STREET ADDRESS             | 5204 SCOTLAND PL  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LAKELAND FL       | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | STD               | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TERRY, LAURA D.   | 3.2 NAME  |   |
| STREET ADDRESS             | 500 SUNNY RD.     | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LAKELAND FL       | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 4.2 NAME  |   |
| STREET ADDRESS             |                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 5.2 NAME  |   |
| STREET ADDRESS             |                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 6.2 NAME  |   |
| STREET ADDRESS             |                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                   | 6.4 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 Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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, 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 if changed, or on an attachment with an address.

SIGNATURE: *George E. Terry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-96 (941) 665-0212  
DATE DAYTIME PHONE #

CR2E034 (12/95)