

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N01000005132**

1. Entity Name

**APALACHICOLA BAY OYSTER DEALERS ASSOCIATION, INC**

Principal Place of Business

**488 HWY 98  
EASTPOINT FL 32328**

Mailing Address

**P O BOX 730  
EASTPOINT FL 32328**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-3748707**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****TRAMMELL, JINNY  
488 HWY 98  
EASTPOINT FL 32328****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	WARD, TOMMY	
STREET ADDRESS	137 LONG RD	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTINA, LYNN	
STREET ADDRESS	184 DAISY ST	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TRAMMELL, JINNY	
STREET ADDRESS	67 10TH ST	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jinny Trammell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-02

Date

(850) 670-4555

Daytime Phone #

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90052 037 \*\*\*\*70.00

**00012614**

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)