FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04089 (1)

1. Corporation Name
CEDAR KEY OYSTERMEN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 73 CEDAR KEY FL 32625	P.O. BOX 73 CEDAR KEY FL 32625

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 07/09/1984
3a. Date of Last Report: 03/17/1995
4. FEI Number: 59-2430993 ☐ Applied For ☐ Not Applicable
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

9. Name and Address of Current Registered Agent

COOKE, RICHARD F.
P.O. BOX 21
HIGHWAY 24
CEDAR KEY FL 32625

10. Name and Address of New Registered Agent

81 Name: ROY SILLS
82 Street Address (P.O. Box Number is Not Acceptable): P.O. BOX 113
83: HIGHWAY 24
84 City: CEDAR KEY FL 85 Zip Code: 32625

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [signature] PRESIDENT 2-6-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COOKE, RICHARD F. HWY 24, P.O. BOX 21 N/A CEDAR KEY FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WEBSTER, MARK P.O. BOX 171 N/A CEDAR KEY FL 32625	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BECKHAM, CONSTANCE P O BOX 144 N/A CEDAR KEY FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT & DIRECTOR SILLS, ROY P.O. BOX 113 - SR 24 N/A CEDAR KEY, FL 32625	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	SECRETARY & DIRECTOR BECKHAM, CONSTANCE P.O. BOX 144 - SR 24 N/A CEDAR KEY, FL 32625	☒ Change ☐ Addition
4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	500001800425 -04/30/96--01011--012 ***61.25	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CONSTANCE BECKHAM Constance Beckham 2-6-96 (352) 543-5772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #