

FILE NOW: FILING FEE AFTER MAY 1ST IS \$350.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90016 001 ***150.00

DOCUMENT # **N36640** ✓

1. Corporation Name
Apalachicola Bay Oyster Farmers Association, Inc.

Principal Place of Business
**163, Ave. B
Apalachicola, FLA,
32320**

Mailing Address
**163, Ave. B
Apalachicola, FLA,
32320**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/15/90

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 **163, Ave. B**

City & State

23 **Apalachicola, FLA.**

Zip

32320

Country

25 **FRANKLIN**

2a. Mailing Address

26

Suite, Apt. #, etc.

27 **163, Ave. B**

City & State

28 **Apalachicola, FLA.**

Zip

29 **32320**

Country

30 **FRANKLIN**

4. FEI Number

59-3015616

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**David Jones
163, Ave. B
Apalachicola, FLA,
32320**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

DP Jones, David

1.2 NAME

1.3 STREET ADDRESS

163, Ave. B

1.4 CITY-ST-ZIP

Apalachicola, FLA. 32320

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 furnished 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, with all other like empowered.

SIGNATURE:

David Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

573606-90016-1

N36640

5/25/99 CORPORATE DETAIL RECORD SCREEN 11:02 AM
NUM: N36640 ST:FL ACTIVE/FL NON-PROF FLD: 02/15/1990
FEI#: 59-3015616
NAME : APALACHICOLA BAY OYSTER FARMERS ASSOCIATION, INC.
PRINCIPAL: 91 AVENUE C CHANGED: 05/01/95
ADDRESS P. O. BOX 144
APALACHICOLA, FL 32320 US
MAILING : PO BOX 144 CHANGED: 05/01/95
ADDRESS P. O. BOX 144
APALACHICOLA, FL 32320 US
RA NAME : JONES, DAVID
RA ADDR : 91 AVENUE C
APALACHICOLA, FL 32320 US
ANN REP : (1996) B 07/26/96 (1997) B 04/22/97 (1998) B 02/17/98

5/25/99 OFFICER/DIRECTOR DETAIL SCREEN 11:02 AM
CORP NUMBER: N36640 CORP NAME: APALACHICOLA BAY OYSTER FARMERS ASSOCIA
TITLE: DP NAME: JONES, DAVID
91 AVENUE C.
APALACHICOLA, FL
TITLE: DV NAME: WINFIELD, JOHN
P.O. BOX 946 N/A
EASTPOINT, FL
TITLE: S NAME: SQUARE, HELENE
BOX 62 - ST. GEORGE ISLD N/A
EASTPOINT, FL
TITLE: DT NAME: CHAPEL, GEORGE
163 AVENUE B
APALACHICOLA, FL
TITLE: D NAME: BLOODWORTH, MINOR
P.O. BOX 733 N/A
EASTPOINT, FL
TITLE: D NAME: SCARABIN, RICHARD
120 - 22ND AVE.
APALACHICOLA, FL

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----