SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 28 PM 1:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N42624** **(9)**

1. Corporation Name
EIGHT FLAGS SHRIMP FESTIVAL, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P. O. BOX 472 FERNANDINA BEACH FL 32034	P. O. BOX 472 FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified: 03/19/1991
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-3054438 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 6146	26 P.O. Box 6146
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Fernandina Beach FL	28 City & State: Fernandina Beach, FL
24 Zip: 32035-6146 25 Country: Nassau	29 Zip: 32035-6146 30 Country: Nassau

9. Name and Address of Current Registered Agent

POOLE, WESLEY R.
303 CENTRE ST
SUITE 200
FERNANDINA BEACH FL 32034

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, DON	12 NAME	
STREET ADDRESS	P. O. BOX 87 N/A	13 STREET ADDRESS	
CITY ST ZIP	FERNANDINA BEACH FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BEASLELY, LAURA M	22 NAME	
STREET ADDRESS	215 N 17TH ST	23 STREET ADDRESS	
CITY ST ZIP	FERNANDINA BEACH FL	24 CITY ST ZIP	
TITLE	C	31 TITLE	☐ Change ☐ Addition
NAME	BELL, DENNY	32 NAME	
STREET ADDRESS	207 S 6TH ST	33 STREET ADDRESS	
CITY ST ZIP	FERNANDINA BEACH FL	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	BRADFORD, RICHARD	42 NAME	
STREET ADDRESS	23 SO 5 STR	43 STREET ADDRESS	
CITY ST ZIP	FERNANDINA BCH FL	44 CITY ST ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	MURROW, C S JR	52 NAME	
STREET ADDRESS	213 NO 4 STR	53 STREET ADDRESS	
CITY ST ZIP	FERNANDINA BCH FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E037 (3/95)

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)(i), 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: C S Murrow Jr 7-19-95 904-384-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
C S Murrow, Jr.

0000003