

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 # **N42624** (9)

1. Corporation Name

EIGHT FLAGS SHRIMP FESTIVAL, INCORPORATED



Principal Place of Business

Mailing Address

P.O. BOX 6146
FERNANDINA BEACH FL 32035-6146
US

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FERNANDINA BEACH FL 32035-6146
US

3. Date Incorporated or Qualified
03/19/1991

3a. Date of Last Report
07/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3054438

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

25

Country

29

Zip

Country

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **ROBERTS, DON**
STREET ADDRESS **P. O. BOX 87 N/A**
CITY-ST-ZIP **FERNANDINA BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BEASLELY, LAURA M**
STREET ADDRESS **215 N 17TH ST**
CITY-ST-ZIP **FERNANDINA BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **C** ☒ DELETE
NAME **BELL, DENNY**
STREET ADDRESS **207 S 6TH ST**
CITY-ST-ZIP **FERNANDINA BEACH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **BRADFORD, RICHARD**
STREET ADDRESS **23 SO 5 STR**
CITY-ST-ZIP **FERNANDINA BCH FL**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **MURROW, C S JR**
STREET ADDRESS **213 NO 4 STR**
CITY-ST-ZIP **FERNANDINA BCH FL**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**S/D
Sandy Price
2400 Via Del Rey
Fernandina Bch, FL 32034**

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:

Sandy Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96
Date

904-261-9504
Daytime Phone #

CR2E037 (12/95)