

FILE NOW: FILING FEE IS \$61.25

FILED

May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

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



3. Date Incorporated or Qualified

03/19/1991

4. FEI Number

59-3054438

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ 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 relating)

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 **P** ☒ Change ☐ Addition
1.2 NAME **Sandy Price**
1.3 STREET ADDRESS **1795 Arbor Dr.**
1.4 CITY-ST-ZIP **Fern. Bch, FL 32034**

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

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **Judith R. Walters**
2.3 STREET ADDRESS **3967 1st Avenue**
2.4 CITY-ST-ZIP **Fern. Bch, FL 32034**

TITLE **SD** ☐ DELETE
NAME **PRICE, SANDY**
STREET ADDRESS **2400 VIA DEL REY**
CITY-ST-ZIP **FERNANDINA BEACH FL**

3.1 TITLE **TS** ☐ Change ☒ Addition
3.2 NAME **Anne M. Martin**
3.3 STREET ADDRESS **110 SOUTH 5th St**
3.4 CITY-ST-ZIP **Fern. Bch, FL 32034**

TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Greg Haddock**
4.3 STREET ADDRESS **P.O. Box 531 18 South 20th St**
4.4 CITY-ST-ZIP **Fern. Bch, FL 32034**

TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Susi Sax**
5.3 STREET ADDRESS **11 North 3rd St.**
5.4 CITY-ST-ZIP **Fern. Bch, FL 32034**

TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Brenda Rothwell**
6.3 STREET ADDRESS **P.O. Box 668 (N/A)**
6.4 CITY-ST-ZIP **Fern. Bch, FL 32035**

14. 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 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

[Signature]
Anne M. Martin

4/7/98

904-277-3410

CR2E037 (10/97)