

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90020 032 ****61.25

DOCUMENT # N42624

1. Corporation Name

EIGHT FLAGS SHRIMP FESTIVAL, INCORPORATED

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

03/19/1991

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

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

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 P
NAME PRICE, SANDY
STREET ADDRESS 1795 ARBOR DRIVE
CITY-ST-ZIP FERN BEACH FL 32034

TITLE V
NAME WALTERS, JUDITH R
STREET ADDRESS 3967 1ST AVENUE
CITY-ST-ZIP FERN BEACH FL 32034

TITLE TS
NAME MARTIN, ANNE M
STREET ADDRESS 110 SOUTH 5TH STREET
CITY-ST-ZIP FERN BEACH FL 32034

TITLE D
NAME HADDOCK, GREG
STREET ADDRESS 18 SOUTH 20TH STREET
CITY-ST-ZIP FERN BEACH FL 32034

TITLE D
NAME SAX, SUSI
STREET ADDRESS 11 NORTH 3RD STREET
CITY-ST-ZIP FERN BEACH FL 32034

TITLE D
NAME ROTHWELL, BRENDA
STREET ADDRESS P O BOX 668
CITY-ST-ZIP FERN BEACH FL 32035

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME PRICE, SANDRA L.
1.3 STREET ADDRESS 2763 LONG BOAT DRIVE
1.4 CITY-ST-ZIP FERNANDINA BEACH, FL 32035

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

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D
5.2 NAME ROBERTS, BEANO
5.3 STREET ADDRESS PO BOX 87
5.4 CITY-ST-ZIP FERNANDINA BEACH, FL 32035

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Sandra L. Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99

904-261-9504

Date

Daytime Phone #

CR2E037 (11/98)