

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000001758

1. Corporation Name

FISHERMEN'S BOUNTY, INC.

Principal Place of Business

P.O. BOX 482
BOKEELIA FL 33922

Mailing Address

P.O. BOX 126 N/A
ST JAMES CITY FL 33956
US

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90084 002 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/25/1996

4. FEI Number

65-0662291

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

BROWN, SYLVIA
3 PAPAYA ST
ST JAMES CITY FL 33956

10. Name and Address of New Registered Agent

81 Name

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

3569 MANGO ST.

83

84 City ST. JAMES CITY

FL

85

Zip Code
33956

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 DT
NAME YEOMANS, DANNY
STREET ADDRESS 20430 WELBOURNE RD
CITY-ST-ZIP N FT MYERS FL 33917 ☒ DELETE

TITLE DP
NAME RICE, DAVID
STREET ADDRESS 3807 PAPAYA ST
CITY-ST-ZIP ST JAMES CITY FL 33956 ☐ DELETE

TITLE DS
NAME BROWN, SYLVIA
STREET ADDRESS 3679 PAPAYA ST
CITY-ST-ZIP ST JAMES FL 33956 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER (INTERIM) ☒ Change ☐ Addition
1.2 NAME SYLVIA BROWN
1.3 STREET ADDRESS 3569 MANGO ST.
1.4 CITY-ST-ZIP ST. JAMES CITY, FL 33956

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 3569 MANGO ST.
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

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:

SIGNATURE REQUIRED

4-20-99

941-283-5283

Date

Daytime Phone #

CR2E037 (1/98)