

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 FEB 21 AM 9:33

DOCUMENT # P93000009883 (8)

1. Corporation Name

ORNAMENTAL TROPICAL FISH FARM, INC.

Principal Place of Business

**1109 E. KNIGHTS GRIFFIN RD.
PLANT CITY FL 33565**

Mailing Address

**1109 E. KNIGHTS GRIFFIN RD.
PLANT CITY FL 33565**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/09/1993** 3a. Date of Last Report **03/08/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number
59-2829214

Applied For
Not Applicable

22. Suite, Apt. #, etc.

22

27. Suite, Apt. #, etc.

27

5. Certificate of Status (Required) **\$8.75 Additional Fee Required**

23. City & State

23

28. City & State

28

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

24. Zip

25. Country

24

29. Zip

30. Country

29

30

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**DRAWDY, ROBERT J
1109 E. KNIGHTS GRIFFIN RD.
PLANT CITY FL 33565**

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 607.0502 and 607.1508, 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 607.0501, Florida Statutes.

SIGNATURE

Robert J. Drawdy **oops**

2-15-95

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

DRAWDY, RAY K

STREET ADDRESS

845 E. LAKE PARKER DR.

CITY, ST, ZIP

LAKELAND FL 33801

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

Change Addition

TITLE

D

NAME

DRAWDY, ROBERT J

STREET ADDRESS

1109 E. KNIGHTS GRIFFIN RD.

CITY, ST, ZIP

PLANT CITY FL 33565

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

Change Addition

TITLE

D

NAME

DRAWDY, MELINDA

STREET ADDRESS

1109 E. KNIGHTS GRIFFIN RD.

CITY, ST, ZIP

PLANT CITY FL 33565

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

Change Addition

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 190.03(3)(b), Florida Statutes. I further certify that the information included 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

Robert J. Drawdy
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR