....2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 17, 2008 08:00 AN Secretary of State DOCUMENT # P93000047201 1. Entity Name CRAB FACTORY OF APALACHICOLA, INC. Principal Place of Business Mailing Address HWY. 98 WEST 123 WATER ST. APALACHICOLA FL 32320 APALACHICOLA FL 32320 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3227415 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MADDREN, LAWRENCE T Street Address (P.O. Box Number is Not Acceptable) 123 WATER ST. APALACHICOLA FL 32320 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or prered name of registered agent and title if application, (NOTE: Registered Agent argoniture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change Addition TITLE NAME MADDREN, CAROLINE C NAME STREET ADDRESS 123 WATER ST. STREET ADDRESS U00000859099 APALACHICOLA FL 32320 CITY-ST-ZIP CITY-ST-ZIP TITLE Darete TITLE Addition MADDREN, LAWRENCE T NAME NAME STREET ADDRESS 123 WATER ST. STREET ADDRESS CITY-ST-ZIP APALACHICOLA FL 32320 CITY-ST-ZIP TITLE ☐ Defete THLE Change Addition HAM: NAME. STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TRUE Delete TILLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-28 CITY-S1-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIE CITY - ST - ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

IGNING OFFICER OR DIRECTOR

FILED

3-14-09 850-653-8139