SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000007237 (8)**

1. Corporation Name
HALF & HALF FISHERY, INC.

Principal Place of Business	Mailing Address
6033 113TH STREET NORTH APRT. 210 SEMINOLE FL 34642	6033 113TH STREET NORTH APRT. 210 SEMINOLE FL 34642

3. Date Incorporated or Qualified: 01/20/1994
3a. Date of Last Report: 04/03/1995

2. Principal Place of Business
21: 9881 WILSON AVE
22: Suite, Apt. #, etc.
23: City & State: SEMINOLE, FL
24: Zip: 33776 25: Country: USA

2a. Mailing Address
26: 9881, WILSON AVE
27: Suite, Apt. #, etc.
28: City & State: SEMINOLE, FL
29: Zip: 33776 30: Country: USA

4. FEI Number: 59-3225143 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
GOLDEN-NORRIS, SYLVIA A
4034 MAVERICK AVE 4251, DRYDEN CIRCLE
SARASOTA FL 34233 SARASOTA, FL 34243

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDEN, ERIKA 1125 PINELAND AVE VENICE FL 34292	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	GOLDEN, ERIKA 4250 CONGREVE PLACE SARASOTA, FL 34241 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDEN, JACK L 1125 PINELAND AVE VENICE FL 34292	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	GOLDEN, JACK L 4250 CONGREVE PLACE SARASOTA, FL 34241 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MULLINS, LARRY E JR. 6033 113TH ST. N. APT. 210 SEMINOLE FL 34642	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	MULLINS LARRY E JR 9881, WILSON AVE SEMINOLE, FL 33776 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WOOD, REBECCA J H. 6033 113RD ST., N., APT. 210 SEMINOLE FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	MULLINS, REBECCA J.H. 9881, WILSON AVE SEMINOLE, FL 33776 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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 119.07(3)(k), 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: R.J.H. Mullins. (secretary) 06/19/96 813-595-6121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0178716 FP