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Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

9881 WILSON AVE
APT. 210
SEMINOLE FL 33776
US

Mailing Address

9881 WILSON AVE
APT. 210
SEMINOLE FL 33776-1526
US

2. Principal Place of Business

21 9881 WILSON AVENUE

Suite, Apt. #, etc.

22 City & State

23 SEMINOLE, FL

Zip

24 33776

Country

25 US

2a. Mailing Address

26 9881 WILSON AVENUE

Suite, Apt. #, etc.

27 City & State

28 SEMINOLE, FL

Zip

29 33776

Country

30 US

3. Date Incorporated or Qualified

01/20/1994

3a. Date of Last Report

06/25/1996

4. FEI Number

59-0225143

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
4251 DRYDEN CIRCLE
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

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 ☐ DELETE
NAME D GOLDEN, ERIKA
STREET ADDRESS 4250 CONGREVE PLACE
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE
NAME D GOLDEN, JACK L
STREET ADDRESS 4250 CONGREVE PLACE
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE
NAME D MULLINS, LARRY E JR.
STREET ADDRESS 9881 WILSON AVE
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE
NAME S MULLINS, REBECCA J H
STREET ADDRESS 9881 WILSON AVE
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/97

813595-6121

Date

Daytime Phone #

CR2E034 (9/96)