

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000038842 (8)**

1. Corporation Name

FLORIDA CRAB, INC.



Principal Place of Business

**1121 HUB DR
PANAMA CITY FL 32402**

Mailing Address

**1121 HUB DR
PANAMA CITY FL 32402**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**TRAN, GIANG V
1121 HUB DR
PANAMA CITY FL 32402**

3. Date Incorporated or Qualified
05/19/1994

3a. Date of Last Report
01/25/1995

4. FEI Number
59-3251524

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

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 of person submitting this report and who is authorized to file on behalf of the corporation.

Signature of Registered Agent Submit as required when appointing.

DATE

12. OFFICERS AND DIRECTORS

12.1	NAME	PD TRAN, GIANG V	☐ DELETE
12.2	STREET ADDRESS	2933 E 5 ST	
12.3	CITY-STATE-ZIP	PANAMA CITY FL 32401	
12.4	TITLE	VTD	☐ DELETE
12.5	NAME	NGUYEN, NGUYET	
12.6	STREET ADDRESS	2933 E 5 ST	
12.7	CITY-STATE-ZIP	PANAMA CITY FL 32401	
12.8	TITLE		☐ DELETE
12.9	NAME		
12.10	STREET ADDRESS		
12.11	CITY-STATE-ZIP		
12.12	TITLE		☐ DELETE
12.13	NAME		
12.14	STREET ADDRESS		
12.15	CITY-STATE-ZIP		
12.16	TITLE		☐ DELETE
12.17	NAME		
12.18	STREET ADDRESS		
12.19	CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1.1 TITLE	☐ Change ☐ Addition
13.2	1.2 NAME	
13.3	1.3 STREET ADDRESS	
13.4	1.4 CITY-STATE-ZIP	
13.5	2.1 TITLE	☐ Change ☐ Addition
13.6	2.2 NAME	
13.7	2.3 STREET ADDRESS	
13.8	2.4 CITY-STATE-ZIP	
13.9	3.1 TITLE	☐ Change ☐ Addition
13.10	3.2 NAME	
13.11	3.3 STREET ADDRESS	
13.12	3.4 CITY-STATE-ZIP	
13.13	4.1 TITLE	☐ Change ☐ Addition
13.14	4.2 NAME	
13.15	4.3 STREET ADDRESS	
13.16	4.4 CITY-STATE-ZIP	
13.17	5.1 TITLE	☐ Change ☐ Addition
13.18	5.2 NAME	
13.19	5.3 STREET ADDRESS	
13.20	5.4 CITY-STATE-ZIP	
13.21	6.1 TITLE	☐ Change ☐ Addition
13.22	6.2 NAME	
13.23	6.3 STREET ADDRESS	
13.24	6.4 CITY-STATE-ZIP	

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 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96

Date

904-769-0594

Corporate Phone #

CP2E034 (12/95)