

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

CORPORATION
ANNUAL REPORT
1995



OFFICE OF STATE
Sandra B. Moham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY -1 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000069824 (8)**

1. Corporation Name

AMERICAN AQUACULTURE INC.

Principal Place of Business

Mailing Address

16204 SHADOW PINE RD
N. FT. MYERS FL 33917

16284 SHADOW PINE RD.
N. FT. MYERS FL 33917

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1994

3a. Date of Last Report

4. FFI Number

65-0526190

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 § 194.032,
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21. 17261 Willowbrook Ln

State Apt # etc

22. City & State

23. Lehigh Acres FL

24. 33936 25. US 29. 33917 30. USA

2a. Mailing Address

26. 16284 Shadow Pine Rd

State Apt # etc

27. City & State

28. N. Ft Myers FL

29. 33917 30. USA

9. Name and Address of Current Registered Agent

FRAZIER, MICHAEL L
16284 SHADOW PINE RD.
N. FT. MYERS FL 33917

10. Name and Address of New Registered Agent

81. Name

No change

82. Street Address (P.O. Box Numbers Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0505 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

Michael A. Frazier

Michael Lee Frazier

4-24-95

12. OFFICERS AND DIRECTORS

1. NAME	VPD
2. STREET ADDRESS	
3. CITY & STATE	
4. NAME	
5. STREET ADDRESS	
6. CITY & STATE	
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	
16. NAME	
17. STREET ADDRESS	
18. CITY & STATE	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	VPD	☐ Change ☒ Addition
2. NAME	Frazier, Michael L	
3. STREET ADDRESS	16284 Shadow Pine Rd	
4. CITY & STATE	No Ft Myers, FL 33917	
5. NAME	VPD	☐ Change ☒ Addition
6. NAME	Smith, Martin C	
7. STREET ADDRESS	1661 Carter Place	
8. CITY & STATE	Ft Myers, FL 33901	
9. NAME	VPD	☐ Change ☒ Addition
10. NAME	Leighton, Charles L Jr	
11. STREET ADDRESS	29 Crescent Lake Dr	
12. CITY & STATE	No Ft Myers, FL 33917	
13. NAME	VPD	☐ Change ☒ Addition
14. NAME	Waters, Tim	
15. STREET ADDRESS	108 Texas Rd	
16. CITY & STATE	Lehigh Acres, FL 33936	
17. NAME		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY & STATE		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07, 119.08, 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 it would under oath. That I am an officer or director of the corporation or the manager or trustee responsible for preparing the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or on an attachment with an address.

SIGNATURE:

Michael A. Frazier

Michael Lee Frazier

4/24/95

(813)543 8371

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Telephone Number