

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 PM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000094235 (6)**

1. Corporation Name

OCEAN LADY FISHING, INC.

Principal Place of Business

**2000 NEWFOUND HARBOR DRIVE
MERRITT ISLAND FL 32952**

Mailing Address

**2000 NEWFOUND HARBOR DRIVE
MERRITT ISLAND FL 32952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1994

3a. Date of Last Report

2. Principal Place of Business

2b. Mailing Address

4. FBI Number

☒ 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

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of Now Registered Agent

81 Name **EDWARD P. KITTA SR.**
82 Street Address (P.O. Box Number is Not Acceptable)
2000 NEWFOUND HARBOR DR.
83
84 City **MERRITT ISLAND** FL 85 Zip Code **32952**

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

Edward P. Kitka Sr.

PRESIDENT of Ocean Lady Fishing, Inc. 4/29/95

Signature of officer printed name of registered agent and the application

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	KITTA, EDWARD P SR.
STREET ADDRESS	2000 NEWFOUND HARBOR DR.
CITY, ST, ZIP	MERRITT ISLAND FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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 187, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in a supplemental report, as applicable.

SIGNATURE:

Edward P. Kitka Sr. DP

SIGNATURE AND TYPED OR PRINTED NAME OF HIGH OFFICER OR DIRECTOR

4/29/95 1 407 853 5204
1 407 852-2564