

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000000566 (6)

1. Corporation Name

HI-TECH FISHERIES OF FLORIDA, INC.



Principal Place of Business

6611 HAYTER DR  
LAKELAND FL 33813

Mailing Address

6611 HAYTER DR  
LAKELAND FL 33813

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified  
01/04/1995

3a. Date of Last Report

4. FEI Number

59-3290164

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

TANNER, JAY M  
6611 HAYTER DR  
LAKELAND FL 33813

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 authorized to register agent. If not applicable, then signature of Registered Agent.

Signature of Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12.2 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12.3 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12.4 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12.5 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12.6 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12.7 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-STATE-ZIP

13.5 TITLE  
13.6 NAME  
13.7 STREET ADDRESS  
13.8 CITY-STATE-ZIP

13.9 TITLE  
13.10 NAME  
13.11 STREET ADDRESS  
13.12 CITY-STATE-ZIP

13.13 TITLE  
13.14 NAME  
13.15 STREET ADDRESS  
13.16 CITY-STATE-ZIP

13.17 TITLE  
13.18 NAME  
13.19 STREET ADDRESS  
13.20 CITY-STATE-ZIP

13.21 TITLE  
13.22 NAME  
13.23 STREET ADDRESS  
13.24 CITY-STATE-ZIP

13.25 TITLE  
13.26 NAME  
13.27 STREET ADDRESS  
13.28 CITY-STATE-ZIP

13.29 TITLE  
13.30 NAME  
13.31 STREET ADDRESS  
13.32 CITY-STATE-ZIP

13.33 TITLE  
13.34 NAME  
13.35 STREET ADDRESS  
13.36 CITY-STATE-ZIP

13.37 TITLE  
13.38 NAME  
13.39 STREET ADDRESS  
13.40 CITY-STATE-ZIP

13.41 TITLE  
13.42 NAME  
13.43 STREET ADDRESS  
13.44 CITY-STATE-ZIP

13.45 TITLE  
13.46 NAME  
13.47 STREET ADDRESS  
13.48 CITY-STATE-ZIP

13.49 TITLE  
13.50 NAME  
13.51 STREET ADDRESS  
13.52 CITY-STATE-ZIP

13.53 TITLE  
13.54 NAME  
13.55 STREET ADDRESS  
13.56 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:

JAY M. TANNER

1-20-96

813-257-0289

Date

Daytime Phone

CR2E034 (12/95)