

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 16 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000047082 (9)

1. Corporation Name

FLORIDA LIVING AQUACULTURE, INC.

Principal Place of Business

3839 4TH STREET NORTH
SUITE 400
ST. PETERSBURG FL 33703

Mailing Address

3839 4TH STREET NORTH
SUITE 400
ST. PETERSBURG FL 33703-61123. Date Incorporated or Qualified
06/13/19953a. Date of Last Report
03/16/1996

2. Principal Place of Business

21 12910 Automobile Blvd.

2a. Mailing Address

26 Same As # 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Unit K

27

City & State

City & State

23 Clearwater, FL

28

Zip

Country

24 34622

25 USA

Zip

Country

29

30

4. FEI Number

59-3321321

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

EDWARDS, WILLSON O
3839 4TH STREET NORTH
SUITE 400
ST. PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name

Edwards, Willson O.

82

Street Address (P.O. Box Number is Not Acceptable)

12910 Automobile Blvd., Unit K

83

84

City Clearwater

FL

85

Zip Code 34622

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

Willson O. Edwards

1/9/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVTC	<input type="checkbox"/> DELETE
NAME	EDWARDS, WILLSON O	
STREET ADDRESS	400 64TH AVENUE, PH-F	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	HITCH, P. DOUGLAS	
STREET ADDRESS	819 24TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCCULLY, BRIAN "JACK" S	
STREET ADDRESS	232 ARCADIA DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: Willson O. Edwards 1/9/97 813-561-7327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0373517

CR2E034 (9/96)