

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90048 035 ***150.00

DOCUMENT # P95000059584

1. Corporation Name

EVERGLADES AQUACULTURE CENTER, INC.

Principal Place of Business

~~926 PANTHER CREEK LANE~~ **931 Dupont Rd**
~~EVERGLADES FL 33929~~

Mailing Address

~~926 PANTHER CREEK LANE~~ **931 Dupont Rd**
~~EVERGLADES FL 33929~~



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1995

4. FEI Number

65-0595963

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **931 Dupont Rd.**

2a. Mailing Address

26 **P.O. Box 321**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Everglades City, FL**

Zip Country

24 **34139** 25 **Collier**

27 City & State

28 **Everglades City, FL**

Zip Country

29 **34139** 30 **Collier**

9. Name and Address of Current Registered Agent

HOUSE, TERESA E
926 PANTHER CREEK LANE
EVERGLADES FL 33929

10. Name and Address of New Registered Agent

81 Name **Sylvia H. Miles**
82 Street Address (P.O. Box Number is Not Acceptable)
931 Dupont Rd.
83
84 City **Everglades City** FL 85 Zip Code **34139**

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

Sylvia H. Miles

Sylvia H. Miles

1/4/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **HOUSE, MITCHELL D JR.**
STREET ADDRESS **926 PANTHER CREEK LANE**
CITY-ST-ZIP **EVERGLADES FL 33929**

TITLE ☒ DELETE

NAME **HOUSE, TERESA E**
STREET ADDRESS **926 PANTHER CREEK LANE**
CITY-ST-ZIP **EVERGLADES FL 33929**

TITLE ☐ DELETE

NAME **MILES, SYLVIA H**
STREET ADDRESS **931 DUPONT ROAD**
CITY-ST-ZIP **EVERGLADES FL 33929**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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, with all other like empowered.

SIGNATURE: *Sylvia H. Miles* **Sylvia H. Miles** **1/4/99** **941 695 3284**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)