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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9
1. Corporation Name
WILCOX SHRIMPING, INC. P95000065868 (8)

FILED Feb 23 1998 8:00am Secretary of State



								1				
Principal Place of Business Mailing Address) immirimmi ann anang barra Marat Milata	BBILL BBELL WIL	DI BISMA SMISS	9 VIIV1 IEII 1091
1742 OELSNER ROAD POST OFFICE BOX 1866												
FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32						035			DO NOT WRIT	E IN THIS	SPACE	
								3.	Date Incorporated or Qualified 08/07/1995			
2. Principal P	ace of Busin	ness	2a	2a. Mailing Address				4.	FEI Number			Applied For
21				26				Ì	59-3331951			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.									Cartificate of Status Desired		\$8.7	5 Additional
22					ъ.	Certificate of Status Desired		Fee	Required			
City & State				City & State				6.	Election Campaign Financing	_		00 May Be
23				Zip Country					Trust Fund Contribution	Ш		ed to Fees
Zip	Country						a. This corporation one		This corporation owes or has p			
24	25 29 g, Name and Address of Current Registered A			stered Agent	30 ant				Personal Property Tax due June 30. Yes No			
PO		JIRE, WESLE		stored Agent		81	Name	10.	Maille and Address of from F	iogistoi ou	-Bour	
			r 11									
303 CENTRE STREET STE 200						82 Street Address (P.O. Box Number is Not Ad				able)		
FERNANDINA BEACH FL 32034						83				·· · · -		
, 54	******	DD 1011 1 E 0	2001									
						84	City			FL	85 Z	ip Code
11, Pursuant t	to the provisi	ions of Section:	s 607.0502 and 6	607.1508. Florida Statu	tes, the at	OOVE	l e-named o	corporatio	on submits this statement for the		f changin	a its registered
office or re agent. I ar	e giste red ag m fam iliar wi	ent, or both, in th, and accept	the State of Flor the obligations o	ida. Such change was of, Section 607.0505, F	authorizei Iorida Stat	d by utes	the corp s.	ooration's t	on submits this statement for the board of directors. I hereby acc	ept the app	ointment	as registered
SIGNATURE			and and proper and still	a d and liable	Tr. Danieres			required when	- coloutation\	DATE		
Signature typed or printed name of registered agent and title if applicable (NOTE: R OFFICERS AND DIRECTORS							ant signatore i		ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
TITLE	PD					13.		· · · · ·	NODITIONO/OTWINGED TO OTT	102,107111	☐ Chang	
NAME	WILCOX	, Sr., Rober	RTE		1.2 NA	ME						
STREET ADDRESS 1742 OELSNER ROAD				1.3 S			1.3 STREET ADDRESS					
CITY-ST-ZIP	FERNAN		1.4 CITY-ST-ZIP									
TITLE	-\$0 -			DELETE	2.1 11		1	S			Chang	e 🔲 Addition
NAME		SS, FRANCES	G		2.2 N/	ME		_				
STREET ADDRESS	151 IBIS COURT					REET	ADDRESS					
CITY-ST-ZIP	FERNAN	idina Beach	I FL 32034	2.4			2. 4 CITY-ST-ZIP					
TITLE				DELET E	3.1 TII	_		Ċ			Chang	e 🔲 Addition
NAME					3.2 NA	ME						
STREET ADDRESS					3.3 ST	REET	ADDRESS	•				
CITY-ST-ZIP					3.4. C	TY-S	ST-ZIP					
TITLE				☐ DELET É	4.5 10	LE	T				☐ Chang	e 🔲 Addition
NAME					4. 2 N	AME						
STREET ADDRESS					4.3 ST	REET	ADDRESS					
CITY-ST-ZIP					4.4 01		T-ZIP					
TITLE				☐ DELETE	5.1 TO	LE					Chang	e 🔲 Addition
NAME					5.2 NA	ME						
STREET ADDRESS					5.3 ST	REET	ADDRESS					
CITY-ST-ZIP					5.4 Ci		T-21P					
TITLE .	**			☐ DELETE	6.1 T/T						☐ Chang	e 🔲 Addition
NAME)				6.2 NA							
STREET ADDRESS	1.00						ADDRESS					
CITY-ST-ZIP	1.12				6.4 CI	Y-\$	T- ZIP				-,, ,	

14. Thereby 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.