


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

001906

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90079 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000065868					
1. Corporation Name WILCOX SHRIMPING, INC.					
Principal Place of Business 1742 OELSNER ROAD FERNANDINA BEACH FL 32034			Mailing Address POST OFFICE BOX 1866 FERNANDINA BEACH FL 32035		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/07/1995	
21		26		4. FEI Number 59-3331951	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip Country		Zip Country			
24	25	29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
POOLE, ESQUIRE, WESLEY R 303 CENTRE STREET STE 200 FERNANDINA BEACH FL 32034				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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	WILCOX, SR., ROBERT E				
STREET ADDRESS	1742 OELSNER ROAD				
CITY-ST-ZIP	FERNANDINA BEACH FL 32034				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	BURGESS, FRANCES G				
STREET ADDRESS	151 IBIS COURT				
CITY-ST-ZIP	FERNANDINA BEACH FL 32034				
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					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME		VP			
3.3 STREET ADDRESS		WILCOX, JR., Robert E.			
3.4 CITY-ST-ZIP		1721 Pheasant Lane Fernandina Beach, FL 32034			
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME		VP			
4.3 STREET ADDRESS		WORTHINGTON, Alana K.			
4.4 CITY-ST-ZIP		1554 Arbor Lane Fernandina Beach, FL 32034			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert E. Wilcox, Sr. ROBERT E. WILCOX, SR. 1/14/99 (904)261-2068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)