

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000067091 (5)

1. Corporation Name

JOH'S FISHERIES, INC.



Principal Place of Business

Mailing Address

3873 GEORGIA COURT  
TARPON SPRINGS FL 34689

3873 GEORGIA COURT  
TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified

08/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7961 GLADIOLUS DR.

26 7961 GLADIOLUS DR.

4. FEI Number

59-3328280

Applied For

Not Applicable

22 Suite, Apt. #, etc.  
#306

27 Suite, Apt. #, etc.  
#306

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 City & State  
FORT MYERS FL.

28 City & State  
FORT MYERS FL.

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip  
33908

25 Country  
LEE

29 Zip  
33908

30 Country  
LEE

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VINOVICH, CAROLYN  
3873 GEORGIA COURT  
TARPON SPRINGS FL 34689

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME CHO, CLEM  
STREET ADDRESS 3873 GEORGIA COURT  
CITY-ST-ZIP TARPON SPRINGS FL 34689

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ST  
NAME CHO, DIANA  
STREET ADDRESS 3873 GEORGIA COURT  
CITY-ST-ZIP TARPON SPRINGS FL 34689

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V  
NAME CHO, SARAH  
STREET ADDRESS 3873 GEORGIA COURT  
CITY-ST-ZIP TARPON SPRINGS FL 34689

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

900001807539  
-05/04/96--01003--024

\*\*\*200.00

Change Addition

26  
5.1

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:

Clem Cho CLEM CHO

4/24/96

941 466 9527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)