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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000069850 (2)

B.		
Principal Place of Business	Mailing Address	
 14240 SW CANAL ROAD INDIANTOWN FL 34956	14240 SW CANAL ROAD INDIANTOWN FL 34956-3006	

FILED Apr 18 1997 8:00am Secretary of State

	FISHMONGER, INC.	Malling Address			
14240 SW CANAL ROAD 14240 SW CANAL ROAD					
INDIANTOW	N FL 34956	INDIANTOWN FL 34956-300	16		
]				3. Date Incorporated or Qualified	3a. Date of Last Report
		•		09/07/1995	05/01/1996
	al Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0605585	Not Applicable
	pt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
22 City & S		City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25		30		X Yes No
	9, Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	ISHER, JOSEPH R		of Name		
	300 E OCEAN BLVD TUART FL 34996		82 Street Addr	ess (P.O. Box Number is Not Acceptal	ole)
3	10AN1 FL 34990		83		
			04 -05		100 70 70
			84 City		FL 85 Zip Code
office (ant to the provisions of Sections 607.05 or registered agent, or both, in the State I am familiar with, and accopt the oblig	o of Florida. Such change was a gations of, Section 607.0505, Flo	uthorized by the corporat rida Statutes.	ion's board of directors. I hereby acce	pt the appointment as registered
46	Signature, typed or printed name of registered as		Registered Agent signature require		DATE
12.	OFFICERS AN	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	DEAN, JAMES A		1.2 NAME		
STREET ADDRE	ss 14240 SW CANAL ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL 34956		1.4 CITY - ST - ZIP		
TITLE	s	☐ DELETE	2.1 TITLE		Change Addition
NAME	Jimmie N. Dean		2 2 NAME		
STREET ADDRES	14240 SW Callat		2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	Indiantown, FL	34956 DELETE	2 4 C(1Y - ST - ZIP 3.1 T(1UE		Change Addition
NAME			3.2 NAME		
STREET ADDRES	22		3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - ZIP		
TITLE		☐ DELETE	4,1 TITLE		Change Addition
NAME			4, 2 NAME		İ
STREET ADDRES	SS (*	4,3 STREET ADDRESS		į
CITY-ST-ZIP			4 4 CITY - ST - 7/P		
TITLE		DELETE			Change Addition
		DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRES	ss	DELETE	5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRES	ss	DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
	SS	DELETE	5.1 TITLE 5.2 NAME		Change Addition
STREET ADORES	55		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP		
STREET ADORES CITY-ST-ZIP TITLE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE		

r on nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this argument expert or suppliemental annual expet is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corpolation 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 chapted, or on an attachment with an address.