

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 # P95000081584 (1)

1. Corporation Name

FISHHEADS GROUP, INC.



Principal Place of Business

815 HIGHWAY 98 EAST
DESTIN FL 32541

Mailing Address

815 HIGHWAY 98 EAST
DESTIN FL 32541

2. Principal Place of Business

21 543 Hwy 98 E

Suite, Apt. #, etc.

22 City & State

23 DESTIN, FL

24 Zip

32541

County

25 OKALAWHA

2a. Mailing Address

26 P.O. Box 1273

Suite, Apt. #, etc.

27 City & State

28 DESTIN, FL

Zip

29 32540

County

30 OKALAWHA

3. Date Incorporated or Qualified

10/20/1995

3a. Date of Last Report

4. FET Number

59-3362982

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

RANDY M. DYER

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

555 SIEBERT AVE

83

84 City

DESTIN

FL

85 Zip Code

32541

RIGDON, CHARLES W
815 HIGHWAY 98 EAST
DESTIN FL 32541

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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

Randy M. Dyer

RANDY M. DYER annual-president 3-25-96

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	RANDY M. DYER	
STREET ADDRESS	555 SIEBERT AVE	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do 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 examine 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:

Randy M. Dyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96

904-837-4848

CR2E034 (12/95)