FIL	E NOW: FILING	FEE AFTE	R MAY 1 I	\$ \$225.00		
PROFIT			FLORIDA DEPARTMENT OF STATE			
	RPORATION /		Sandra B Mortham			
ANNU	JAL REPORT		Secret	ary of State		
· · · · · · · · · · · · · · · · · · ·	1996	PEG STIFF	DIVISION OF	CORPORATIONS		
DOCU 1. Corporatio	MENT # P9	50000855	19			
THE	SHRIMP SHAC	ck, inc.				
			_			
Principal Place of Business Mailing Address						
779 Ashwood Street 779 Ashwood Street						
Orange	Park, FL 3206			, FL 32065		
•					 Date incorporated or Qualified 11/07/1995 	· · · · · · · · · · · · · · · · · · ·
2. Principal P	Place of Business	2a. N	failing Address		4. FEI Number	None Applied For
21		26			59-3343234	Not Applicable
Suite, Apt	#. etc	—	uite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State			City & State		6 Floring Company Francis	Fee Required
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	├ ─¬	ip qi	Country	8. This corporation has liability fo	r intangible tax under s. 199 032.
	9. Name and Address	29 29 Current Register	red Agent	30	Florida Statutes Yes 10. Name and Address of New F	 -
				81 Name	TO. Name and Address of New P	agistered Agent
RAX CO	., a Florida co	rporation		82 Street Ad	dress (P.O. Box Number is Not Accepte	able)
50 Patientely Actains a Clisel, P.A.						
Jackson	nville, FL 322	sauu Barnet	t Center	83		
		.02		84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections	607.0502 and 607	.1508, Florida Statu	tes, the above-named or	orporation submits this statement for the	
agent la	m familiar with, and accept	the obligations of, S	Such change was Section 607.0505, F	authorized by the corpo lorida Statutes.	orporation submits this statement for the ration's board of directors. I hereby according to the control of th	apt the appointment as registered
SIGNATURE	Signature, typed or printed name of re					
12.		CERS AND DIRECTO		TE Registered Agent signature re 13.	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TiTLE	D/P		DELETE	1 1 TITLE		Change Addition
NAME STREET ADDRESS	Rich, Gary A.			1 2 NAME		
CITY - ST - ZIP	779 Ashwood St			13 STREET ADORESS		
TITLE	Orange Park, F D/V/S	L 32065	DELETE	1 4 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAME	Orr, William A			22 NAME		C Change C Audit on
STREET ADDRESS	779 Ashwood St	reet		2 3 STREET ADDRESS	•	İ
City-St-ZiP	Orange Park, F	L 32065	*	2 4 CITY - ST - ZIP		
NAME	:		L DELETE	3 1 TITLE		Change Addition
STREET ADDRESS				3 2 NAME 3 3 STREET ADDRESS	•	
CITY - ST - ZIP				3 4 CITY - ST - ZIP		
TITLE			DELETE	4 1 THILE		Change Addition
HAME				4 2 NAME		
STREET ADDRESS				4 3 STREET ADDRESS		
CITY - ST - ZIP	·	·····	DELETE	4 4 CITY - ST - ZIP	<u> 40000180</u> -05/06/960101	<u> 9064</u>
NAME			L.J betele	5 1 TITLE 5 2 NAME	***200.00	3017 Change Maddition
STREET ADDRESS				5 3 STREET ADDRESS	***ZUU.8U	: !
C11.4 - 2.1 - 51b				5 4 CITY - ST - ZIP		1 1 0
TITLE			DELETE	. 6 1 TITLE		Change Addition
NAME STREET ADDRESS				6 2 NAME		RUI"
CITY-S1-SIP		-		6 3 STREET ADDRESS		J R
14. I do hereb	by certify that the information	supplied with this	filing is voluntarily for	64 CITY-ST-ZIP	ualify for the exemption stated in Section	2 119 07/3/(k) Floredo Statulos I
made und	er oath, that I am an officer	or director of the co	ornoration or the re-	entar armual report is tru	uality for the exemption stated in Section e and accurate and that my signature signed ered to execute this report as required by	hall have the same legal effect as if
that my na	ame appears in Block 12 or	Block 13 if changed	d, or on an attachm	ent with an address.		y onepter 607, monda Statutes, and
SIGNAT	URE: Attho	asw 1	Villiam A	1.Orr	4-4-96	(904) 247-7940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day me Phone F						