**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 # **P95000090810 (9)**

1. Corporation Name

**BETA FISHERIES COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| 1101 EAST JACKSON STREET<br>TAMPA FL 33602 | 1101 EAST JACKSON STREET<br>TAMPA FL 33602 |

3. Date Incorporated or Qualified: **11/29/1995**
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 7101 NW 77th Terrace | 26 PO Box 261676 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: Medley Florida | 28 City & State: Tampa FL |
| 24 Zip: 33166 25 Country: USA | 29 Zip: 33685 30 Country: USA |

4. FEI Number: 65-0627741 ☐ 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

9. Name and Address of Current Registered Agent

**MIXON, CHARLES F**
**1101 EAST JACKSON STREET**
**TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name: John K Coats
82 Street Address (P.O. Box Number is Not Acceptable): 533 EDWATER DR
83
84 City: Park City, FL 85 Zip Code: 33868

11. Pursuant to the provisions of Section 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: John K. Coats (Signature of Current Registered Agent or New Registered Agent) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME | Coats, John K | 12 NAME | |
| STREET ADDRESS | 533 EDGEWATER DR. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | Park City, FL 33868 | 14 CITY-ST-ZIP | |
| TITLE | VSD ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | SANCHEZ EUGENIO | 22 NAME | |
| STREET ADDRESS | 9302 Athenbury DR. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33615 | 24 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

CR2E034 (12/95)

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)(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 with an address.

**SIGNATURE:** EUGENIO SANCHEZ V.P. 04/08/96 (941)6192278
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number