

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

FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000004620 (6)**

1. Corporation Name

**ORNAMENTAL TROPICAL FISH FARM, INC.**

Principal Place of Business

**1109 E. KNIGHTS GRIFFIN ROAD  
PLANT CITY FL 33567**

Mailing Address

**1109 E. KNIGHTS GRIFFIN ROAD  
PLANT CITY FL 33565-2405**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/16/1996</b>	3a. Date of Last Report
21 <b>1109 E. KNIGHTS GRIFFIN</b>	26	Suite, Apt. #, etc.		4. FEI Number <b>59 3179420</b>	Applied For Not Applicable
22	27	City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 <b>PLANT CITY FL.</b>	28	City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 <b>33565</b>	25 <b>FL</b>	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DRAWDY, JOEL R  
1109 E. KNIGHTS GRIFFIN ROAD  
PLANT CITY FL 33567  
33565**

10. Name and Address of New Registered Agent

81 Name **Joel Drawdy**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1109 E. KNIGHTS GRIFFIN**  
83 **PLANT CITY FL.**  
84 City **FL** 85 Zip Code **33565**

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 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

*Joel Drawdy*

*Pres.*

**4-16-97**

Signature, typed or printed name of registered agent and date (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DRAWDY, JOEL R</b>	
STREET ADDRESS	<b>1109 E. KNIGHTS GRIFFIN ROAD</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DRAWDY, MELINDA J</b>	
STREET ADDRESS	<b>1109 E. KNIGHTS GRIFFIN ROAD</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE:

*Joel Drawdy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

**4-16-97**

Date

**813-754-6313**

Daytime Phone #

CR2E034 (9/96)