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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000052718 (9)

FISH CENTRAL, INC.

Principal Place of Business Mailing Address 2363 DAVIS BLVD 2363 DAVIS BLVD NAPLES FL 34104 NAPLES FL 33942 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/19/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 65-0677161 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GRIGGS, RICHARD** 2363 DAVIS BLVD 62 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33942 83 City 65 Zip Code 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change ___ Addition NAME **GRIGGS, RICHARD** 12 NAME 2363 DAVIS BLVD STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33942 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE NAME GRIGGS, SHAWNA 2.2 NAME STREET ADDRESS 2363 DAVIS BLVD 2.3 STREET ADDRESS NAPLES FL 33942 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP

14. I 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 supplience all 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

5.1 TITLE

5.2 NAME

6.1 TITL€

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

SIGNATURE.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

(941)774-0277

FILED

Feb 10 1998 8:00am

Secretary of State

Addition

☐ Addition

Change

__ Change