

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

**FILED**  
**Jun 13 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 #** *P96000064954*

1. Corporation Name  
**ABCO Shrimp, Inc.**

Principal Place of Business	Mailing Address
<b>1523 Highland Street Fernandina Beach, FL 32034</b>	<b>Same</b>

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
<b>21 Same</b>	<b>26 Same</b>	<b>8/2/96</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>22</b>	<b>27</b>	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>23</b>	<b>28</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country		
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

**9. Name and Address of Current Registered Agent**

**A. Jeffrey Tomassetti, Esq.**  
**406 Ash Street**  
**Fernandina Beach, FL 32034**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>ELIZABETH P. COOK</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>1523 Highland ST PO Box 146</b>
<b>83</b> City	<b>FERNANDINA BEACH</b>
<b>84</b> State	<b>FL</b>
<b>85</b> Zip Code	<b>32034</b>

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: *C. Jeffrey Tomassetti* / *Elizabeth P. Cook* 5.19.97

**12. OFFICERS AND DIRECTORS**

TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>Cook, Alfred B., Jr.</b>	
STREET ADDRESS	<b>1523 Highland Street</b>	
CITY-ST-ZIP	<b>Fernandina Beach, FL 32034</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>Alfred B., III</b>	
STREET ADDRESS	<b>1523 Highland Street</b>	
CITY-ST-ZIP	<b>Fernandina Beach, FL 32034</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>Cook, Elizabeth P.</b>	
STREET ADDRESS	<b>1523 Highland Street</b>	
CITY-ST-ZIP	<b>Fernandina Beach, FL 32034</b>	
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	

*6-13-97*

**200002212512**  
**-06/16/97--01026--017**  
**\*\*\*165.00**

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: *Elizabeth P. Cook* PD 5/19/97 (904)261-4772

CR2E034 (9/96)