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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000090043 (6)**

1. Corporation Name
CEDAR CREEK SHELLFISH FARMS, INC.

Principal Place of Business	Mailing Address
859 POMPANO AVENUE NEW SMYRNA BEACH FL 32169	859 POMPANO AVENUE NEW SMYRNA BEACH FL 32169-4906

3. Date Incorporated or Qualified: 11/01/1996
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-3411169 ☐ 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
SULLIVAN, MICHAEL J
859 POMPANO AVENUE
NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent
81 Name: Sullivan, Michael J
82 Street Address (P.O. Box Number is Not Acceptable): 846 Dolphin Ave
83:
84 City: New Smyrna Bch FL 85 Zip Code: 32169

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: Michael J. Sullivan Michael J Sull 4-7-97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOLLMAN, JOHN A III 859 POMPANO AVENUE NEW SMYRNA BEACH FL 32169	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULLIVAN, MICHAEL J 859 POMPANO AVENUE NEW SMYRNA BEACH FL 32169	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 846 Dolphin Ave New Smyrna Bch Fl. 32169
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSEN, WILLIAM C 134 HERNANDEZ AVENUE PALM COAST FL 32137	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~President~~	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	President John A Bollman 859 Pompano Ave New Smyrna Bch FL 32169 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	Sec/Treas. Sullivan Michael J. 646 Dolphin Ave New Smyrna Bch Fl. 32169 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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, added or deleted.

SIGNATURE: Michael J Sull Michael J. Sullivan See/Treas 4-7-97 904-428-4209