SECOND NOTICE» CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 89/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). FILET: **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Katherine Harris 8/9/17 MI 9: Ch ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 7 OF STATE SE, FLGAGA DOCUMENT # P96000090043 CEDAR CREEK SHELLFISH FARMS, INC. Principal Place of Business Mailing Address 859 POMRANO AVENUE NEW SMYRING BEACH FL 32169 859 POMPANO AVENUE **NEW SMYRNA BEACH FL 32169** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/01/1996 4. FEI Number Applied For 2. Principal Place of Business 21 59-3411169 Not Applicable Suite, Apt #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip Country 8. This corporation owes the current year Yes 24 Intangible Personal Property. No. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SULLIVAN, MICHAEL J 82 Street Address (P.O. Box Number is Not Acceptable) 846 DOLPHIN AVE **NEW SMYRNA BEACH FL 32169** 83 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/99) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition NAME BOLLMAN, JOHN A III 1.2 NAME 859 POMPANO AVENUE STREET ADDRESS 1.3 STREET ADDRESS **NEW SMYRNA BEACH FL 32169** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE \_\_\_ DELETE Change Addition 400002969864----08/25/99--01071--019 NAME SULLIVAN, MICHAEL J 2 2 NAME STREET ADDRESS 846 DOLPHIN AVE 23 STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00 CITY-ST-ZIP <u>NEW SMYRNA BEACH FL</u> 24 CITY-ST-ZIP TITLE 3 1 TITLE DELETE Change Addition NAME ANDERSEN, WILLIAM C 3.2 NAME 134 HERNANDEZ AVENUE STREET ADDRESS 3 3 STREET ADDRESS PALM COAST FL 32137 CITY-ST-ZIP 34 CITY-ST-ZIP 41 TITLE DELETE TITLE Change Addition NAME **BOLLMAN, JOHN A** 4.2 NAME 859 POMPANO AVE 4.3 STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH FL 4.4 CiTY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition ST NAME 5.2 NAME SULLIVAN, MICHEAL STREET ADDRESS 846 DOLPHIN AVE 5 3 STREET ADDRESS CITY-ST-ZIP <u>NEW SMYRNA BEACH FL</u> 5.4 CITY-ST-ZIP TITLE 6 1 TITLE DELETE Change Addition NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

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 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 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 supplied with the inform

## CEBAR CREEK SHELLFISH FARMS

859 Pompano Ave.
New Smyrna Beach
Florida 32169
USA
Phone (904) 405-3353
Fax (904) 428-2572
E-mail shellfish@ucnsb.net
Florida Aquaculture Certificate AQ1574006
Marine Bivalve Permit FLA016968

August 2, 1999

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Sir or Madame,

I have just received a "2nd Notice" of the 1999 Profit Corporation Annual Report and am very surprised as it is late. The Mailing address is 859 Pompano Ave, also the address of JB's Fish Camp. My thinking originally that I had sent it in but on checking with my bookkeeper, it was the 1998 that I had sent in. It appears that the staff of the fish camp misplaced the first notice as I never received it. Now the fee is \$550.00 instead of the earlier \$150. In calling your office I was told to write a letter explaining the problem and include a check for \$150.00.

Notice on the report I have changed the mailing address to be that of my residence as I am the registered agent. This will keep this problem form happening again next year.

Thanking you in advance,

Michael J. Sullivan Secretary Treasurer