99 APR 29 MI 9: 31

SECRETARY UP STATE TALLAHASSEE, FLORIDA

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000085721**1. Corporation Name

POSEY'S CRAB COMPANY, INC.

Principal Place of Business Mailing Address P O BOX 554 P O BOX 554				L TOCKTOOL THE BONN LOOK BONN BONN BONN TO HER THE REAL HARD THE PARTY HARD		
PANACEA FL 3	2346	PANACEA FL 32346		DO NOT WRITE IN THIS SPACE		
					3. Date the orporated or Qualified 10/03/1997	}
2. Principal P 21 Suite, Apt	lace of Business	2a. Mailing Address 26 Suite, Apt #. etc			4. FEL Norther 346 1003	Applied For Not Applicable
22 Suite, Apr	#, etc	27		5. Certificate of Status Desired [1]	\$8.75 Additional Fee Required	
City & Stat	e	City & State			6. Election Campa'gn Emancing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country  25  25  Name and Address of Current	4 1	Country [		8. This corporation owes the current year In Personal Property Tax  10. Name and Address of New Peristand	Lives [INo
				Name	10. Name and Address of New Registered Agent	
LEONARD, RALEIGH C 1338 TIMBERLANE RD					fress (P.O. Box Number is Not Acceptable)	
	AHASSEE FL 32312		83			
						11 m m .
			84	City	FL	85 2 p Code
office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was au	thorized by	the corporation	ioration sobrids this statement for the purpose o on's board of directors. Thereby accept the appo	fichanging its registered untilient as registered
SIGNATURE	· -					; 
12.	Signature, typod or ported name of registered agent a OFFICERS AND	and the second s	Rejetere t∧je: <b>11.13</b> .	IS profession to a co	DOTE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 10
TITLE	D	[ ] DELETE	1.1.TEVE	1	ADDITIONS/CHANGES TO OFFICERS A	[   Change [   Addish ]
NAME	POSEY, JOHN N JR		1.2 NAME			
STREET ADDRESS	P O BOX 730 N/A		13 STREE	ADDRESS		
CITY-ST-ZIP	PANACEA FL 32346		14001-3	1-Z6*		
TITLE		[   DELFIE	2110.6			[   Change
NAME			2.2 NAME			}
STREET ADORESS			2.3 STREET	ADDRESS:		
CITY-ST-ZIP			2.4 CHY-S	1.201		
TITLE		[ [DELETE	3.1 THE		000002855 -04/286-	- Adoptin
NAME			3.2 NAME		-04/29/99	01038001
STREET ADDRESS			3 YSTREET		****150.00	****150.00
CITY-ST-ZIP		Élberte	34 City 5	1-201		
TITLE		[   DELETE	, 4.1 TillsE	- 1		[   Change   [   Addition
NAME			4.2 NAME			
STREET ADORESS			43STREET			
CITY-ST-ZIP		( ) persu	44 (01) -5	-2K-		
TITLE		( ) DECETE	5.1 Tifus			[   Change   [   Adoltor:
NAME			5.2 N/AF	Appende		
STREET ADDRESS			5 + STREET			
CiTY-ST-Z₽		Filesce (a)	5.4 CHY-51	200		F10
TITLE	}	["I DELETE	6.1 THUE			[   Change
NAME			€ 2 NAMC	A TOTAL A T		
CYDECT ADDRESS	1		■ 6.15!REE	ADDITION NS 1		ľ

14. Thereby 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 sume 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 with altother like empowered.

**SIGNATURE:** 

CITY-S1-ZIP

4-26-99 850-9845749