## 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

DOC	CUME	NT#	P97	000	101	160
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Corporation Name

DOWN SOUTH FISH COMPANY, INC.

Princ	ipal	Place	of	Business			

2. Principal Place of Business

Mailing Address

531 DRIFTWOOD LANE DESTIN FL 32541

531 DRIFTWOOD LANE DESTIN FL 32541

2a. Mailing Address



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

11/26/1997 4. FEI Number

21		26					59-3482662		No	t Applicable	
Suite, Apt.	#, etc.	1	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 /		
22		27					3. Certificate of Status Desired		Fee Re	quired	
City & Stat	te		City & State				6. Election Campaign Financing		\$5.00		
23		28					Trust Fund Contribution		Added t	o Fees	
Zip	Country		Zip	Countr	ry		8. This corporation owes the cum	ent year In	_	_	
24	25	29		0			Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Regis	stered Agent		<u>.</u>		10. Name and Address of New F	Registered	l Agent	_	
DETE	EDQ WILLIAM T			8	וי	Name					
PETERS, WILLIAM T 531 DRIFTWOOD LANE				82	82 Street Address (P.O. Box Number is Not Acceptable)						
DESTIN FL 32541			<u> </u>	1							
, DEG	1114 1 C 32341			83	3						
				84	4	City			85 Zip (	Code	
				- 1	-	•		FL	_   _		
11. Pursuant	to the provisions of Sections 607.0502	and 6	607.1508, Florida Statutes	, the abov	ve-	named corpo	oration submits this statement for the	purpose o	of changing its	registered	
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	t Flon ons of	ida. Such change was aut f. Section 607.0505, Florid	nonzed by la Statute	y≀r ⊪s.	ne corporation	n's board of directors. I hereby accep	x the appo	munem as re	gistered	
SIGNATURE											
SIGNATURE	Signature, typed or printed name of registered agent	and title	of applicable (NOTE: R	tegistered Agr	ent s	signature required		DATE			
12.	OFFICERS AND	DIR		13.			ADDITIONS/CHANGES TO OF	FICERS A			
TITLE	{ D		☐ DELETE	1.1 TITLE					☐ Change	Addition Addition	
NAME	PETERS, VONNIE			1.2 NAME	•						
STREET ADDRESS	531 DRIFTWOOD LANE			1.3 STREE	ETA	ODRESS					
CITY-ST-ZIP	DESTIN FL 32541			1.4 CITY-	ST-Z	ZIP					
TITLE	D		☐ DĒLETE	2.1 TITLE					Change	Addition	
NAME	PETERS, MATT			2.2 NAME							
STREET ADDRESS	531 DRIFTWOOD LANE			2.3 STREE	ĘΤΑ	ODRESS					
CITY-ST-ZIP	DESTIN FL 32541			2. 4 CITY-	-51-	ZIP			<del></del> -		
TITLE	D		☐ DELETE	3.1 TITLE					Change	☐ Addition	
NAME	PETERS, WILLIAM T			3.2 NAME	Ε						
STREET ADDRESS				3.3 STREE	ET A	NDORESS					
CITY-ST-ZIP	DESTIN FL 32541			3.4. CITY-	- ST-	ZIP	·				
TITLE			☐ DELETE	4.1 TITLE					☐ Change	Addition Addition	
NAME	1			4. 2 NAME	Ε	]					
STREET ADDRESS				4.3 STREE	ETA	NDORESS					
CITY-ST-ZIP				4.4 CITY-	ST-	ZP					
TITLE			☐ DÉLETE	5.1 TITLE			_		☐ Change	Addition	
NAME	}			5.2 NAME	•						
STREET ADDRESS				5.3 STREE	ET A	NODRESS					
CITY-ST-ZIP	)			5.4 CITY-	ST	ZIP					
TITLE			☐ DELETE	6.1 TITLE					Change	☐ Additio	
NAME				6.2 NAME	=						
STREET ADDRESS				6.3 STRE	ET A	NODRESS					
CITY-ST-ZIP				6.4 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 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, with all other like empowered.

SIGNATURE:

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