

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Jul 19, 1999 8:00 am  
Secretary of State  
07-19-1999 90005 016 \*\*\*550.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000022653  
1. Corporation Name  
HOOD BROTHERS AQUACULTURE, INC.

Principal Place of Business  
1317 PARKLAND BLVD  
FORT PIERCE FL 34982

Mailing Address  
1317 PARKLAND BLVD  
FORT PIERCE FL 34982



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/09/1998

2. Principal Place of Business  
21 10185 Muller Rd  
Suite, Apt. #, etc.  
22  
City & State  
23 Fort Pierce FL  
Zip  
24 34945  
Country  
25 USA

2a. Mailing Address  
26 10185 Muller Rd  
Suite, Apt. #, etc.  
27  
City & State  
28 Fort Pierce FL  
Zip  
29 34945  
Country  
30 USA

4. FEI Number  
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 owes the current year  
Intangible Personal Property.  
☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
HOOD, WILLIAM H  
1317 PARKLAND BLVD  
FORT PIERCE FL 34982

10. Name and Address of New Registered Agent  
81 Name Robin L. Hood  
82 Street Address (P.O. Box Number is Not Acceptable)  
10185 Muller Rd  
83  
84 City Fort Pierce FL 85 Zip Code 34954

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.

X SIGNATURE *Robin L. Hood*

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD, WILLIAM H	1.2 NAME	
STREET ADDRESS	1317 PARKLAND BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34982	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD, ROBIN L	2.2 NAME	
STREET ADDRESS	10185 MULLER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34945	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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.

X SIGNATURE *Robin L. Hood*

SIGNATURE: \_\_\_\_\_

CR2E034 (5/99)