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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S22511

1. Corporation Name

Principal Place of Business

COOLEY'S FISH HATCHERY, INC.

1109 14TH AVENUE S.E. RUSKIN FL 33570		P.O. BOX 1473 Ruskin Fl 33570-1473				- 41 - 1110 6	D105		
						3. Date Incorporated or Qualifed 01/02/1991	E IN THIS S	PACE.	
2. Principal Pl	lace of Business	2a. Mailing Address			·	4 FEI Number		Ar	plied For
21			26			59-3098666		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75	Additional
22		27				5. Certifcate of Status Desired		Fee Re	guired
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the curre			_
24	25	29	30			Personal Property Tax.		X Yes	□No
	9. Name and Address of Cur	rrent Registered Agent		1		10. Name and Address of New Re	gistered A	gent	
				81	Name				
1	DLEY, YVONNE D. MANATEE DR.			82	Street Addr	ress (P.O. Box Number is Not Acceptab	ole)		
RUSi	KIN FL 33570			83					
				84	City		FL.	85 Zip	Code
		0500 1007 1500 Ft. id- Ct-	4.4. 41			continuous automost for the p		hanging its	registered
l office or re	to the provisions of Sections 607.1 egistered agent, or both, in the Stim familiar with, and accept the ob-	ate of Fiorida. Such change was	s autnonze	ea dy tn	ne corporation	oration submits this statement for the pon's board of directors. I hereby accept	the appoin	tment as re	gistered
SIGNATURE							DATE		
Signature, typed or printed name of registered agent		1.			signature required			DIDECTO	
		AND DIDECTORS	40				ICEDS AND		112 S IN 12 I
12.		AND DIRECTORS	13.		-	ADDITIONS/CHANGES TO OFF	ICERS AND	Change	Addition
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TITLE NAME	PD COOLEY, YVONNE D		1.1 Ti 1.2 N	TILE	DDRESS	ADDITIONS/CHANGES TO OFF	ICERS AND		
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: \( \)

STREET ADDRESS

CITY-ST-ZIP

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90206 047 \*\*\*150.00

CR2E034 (11/98)