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PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$25876

(1)

J& F TRAWLERS, INC.

Principal Place of Business

Mailing Address

FILED

Apr 21 1997 8:00am

Secretary of State

PENSACOLA FL 32526		PENSACOLA FL 32526-9100								
						Date Incorporated or Qualified 01/15/1990	3a. Date of t		port	
2. Principal P	lace of Businoss	2a. Mailing Address				4. FEI Number			plied For	
21		26				59-3055171		Not	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.	·			5. Certificate of Status Desired	d S8.75 Additional Fee Required			
City & State	P	City & State		***************************************		Election Campaign Financing Trust Fund Contribution			May Be	
Zip	Country	28	Cour	nlrv						
24	25	29	30			S. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Current I	Registered Agent		277		10. Name and Address of New Reg	istered Agent			
	'ANAH, FLORENCE E.			81	Name					
) E. SPICEWOOD ROAD ISACOLA FL 32526		82 Street Add		Street Addr	dress (P.O. Box Number is Not Acceptable)				
	ONOODY I E OEDEO			83			·			
				84	City		FL 85	Zip C	ode	
agent. I at SIGNATURE	m familiar with, and accept the obligate	ons of, Section 607.0505, F	lorida Statu	utes.		oration submits this statement for the prion's board of directors. I hereby accep		ging its ont as r	registered egistered	
12.	Signature, typed or printed harrie of registered agent a OFFICERS AND I		ITE: Hag stered	Agen:	signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DO AND DIDE	OTOR	2	
TITLE	PD	DELETE	1.1 101			ADDITIONS/OFFANGES TO OFFICE	Ch		Addition	
NAME	CAVANAH, FLORENCE E.	2	1.2 NAI				<u></u>	2.180	7.50 (15.1)	
STREET ADDRESS	8150 E. SPICEWOOD ROAD				DDRESS					
CITY-ST-ZIP	PENSACOLA FL			14 CITY-ST-ZIP						
TITLE	SD	DELETE	21 117				Ch	ange	Addition	
NAME .	CAVANAH, JAMES L	2:		2 2 NAME				-		
STREET ADDRESS	8150 E. SPICEWOOD ROAD		23 516	REFT AL	DDRESS	•				
OfTY-ST-ZIP	PENSACOLA FL		2.4 01	1Y-ST-	- ZIP					
TITLE		DELETE	3 1 1111				Ch	ange	Addition	
NAME			3.2 NAI	ME						
STREET ADDRESS			3.3 STF	REET AL	DORESS					
CITY-ST-ZIP			3.4 011	1Y-\$1-	- ZIP					
TITLE		☐ DELETE	4.1 T(T)	LE			Ch	ange	☐ Addition	
NAME -			4. 2 NA	WE	Ì				•	
STREET ADDRESS			4.3 STH	REET AL	DURESS					
CITY-ST-ZIP			4.4 CIT	Y-S1-	ZIP					
TITLE		☐ DELETE	5.1 TITU	LF			☐ Ch	ange	Addition	
NAME			5.2 NAM	ME						
STREET ADDRESS			5.9 STR	REET AD	DDRESS					
CITY-ST-ZIP			5.4 017		ZIP				<u> </u>	
TITLE		☐ DELETE	6.1 1111	LE			☐ Ch	ange	☐ Addition	

14. I do hereby certify that the information sumplied 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 eath; 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.

STREET ADDRESS