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FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90056 039 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S61298

1. Corporation Name

FISHERMAN BROTHERS, INC.

Principal Place of Business

539 SCHOOL AVENUE
PANAMA CITY FL 32401

Mailing Address

539 SCHOOL AVENUE
PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1991

4. FEI Number

59-3072236

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 Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

NGUYEN, MY LINH
539 SCHOOL AVENUE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name

NGUYEN MYLINH

82 Street Address (P.O. Box Number is Not Acceptable)

539 School Ave

83

Panama City, FL 32401

84

Panama City,

FL

85

Zip Code
32401

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME NGUYEN, MY LINH
STREET ADDRESS 539 SCHOOL AVE.
CITY-ST-ZIP PANAMA CITY FL

TITLE D
NAME NGUYEN, NHIN VAN
STREET ADDRESS 539 SCHOOL AVE.
CITY-ST-ZIP PANAMA CITY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒

Change

☐

Addition

1.1 TITLE S/D
1.2 NAME MYLINH NGUYEN
1.3 STREET ADDRESS 539 School Ave
1.4 CITY-ST-ZIP Panama City, FL 32401

2.1 TITLE P/D
2.2 NAME NHIN VAN NGUYEN
2.3 STREET ADDRESS 539 School Ave
2.4 CITY-ST-ZIP Panama City, FL 32401

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/99

850-785-0813

CR2E034 (11/98)