

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V25140

(7)

1. Corporation Name  
OTTER'S, INC.



Principal Place of Business  
5386 DARLENE ST  
SPRING HILL FL 34607  
US

Mailing Address  
5386 DARLENE ST  
SPRINGHILL FL 34607  
US

3. Date Incorporated or Qualified 03/31/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3116068	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

LINCOLN, MYRON C J  
5386 DARLENE ST  
SPRING HILL FL 34607

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

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 or director (delete)

(Delete) Signature typed or printed name of registered agent or director

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	LINCOLN, MYRON C	
STREET ADDRESS	1810 MARINER DR #307	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	DELETE
NAME	MCDEVITT, MAUREEN	
STREET ADDRESS	1810 MARINER DRIVE, #307	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	DELETE
NAME	PUCKETT, RICHARD W	
STREET ADDRESS	P. O. BOX 1681	
CITY-ST-ZIP	BLOWING ROCK NC	
TITLE	D	DELETE
NAME	SERGIACOMI, KENNETH	
STREET ADDRESS	3843 ARTHUR AVE	
CITY-ST-ZIP	SEAFOOD NY	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE	Change	Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE	Change	Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE	Change	Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE	Change	Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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.

SIGNATURE: Myron C. Lincoln 3/22/96 352-597-9557  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)