

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V30720**

(9)

1. Corporation Name

STONEY'S SHRIMP COMPANY, INC.

Principal Place of Business

227 SE 8TH ST
OCALA FL 34471
US

Mailing Address

227 SE 8TH ST
C/O DANIEL J. WARE
OCALA FL 34471
US

APPROVED
AND
FILED

MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		05/01/1992		05/01/1994	
22 Suite, Apt. #, etc.		27		4. FEI Number		Applied For	
23 City & State		28		59-3131751		Not Applicable	
24 Zip		29		5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
25 Country		30		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
34471		U S A		8. This corporation has liability for intangible tax under S. 193.032 Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

WADE, DANIEL J.
227 SE 8TH ST
OCALA FL 34471

10. Name and Address of New Registered Agent

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

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 of Agent or person named as registered agent and the Florida State)

(Signature of Registered Agent (signature required when new address)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	STONE, GREGORY L.	12 NAME	
STREET ADDRESS	85 HINSDALE ROAD	13 STREET ADDRESS	
CITY ST ZIP	SIASCONSET MA	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 110.07(3)(a), Florida Statutes. I further certify that the information submitted 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 this address.

SIGNATURE:

(Signature and Title of Officer or Director)

4/24/95 508000-2004