

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

APPROVED
AND
FILED

95 JUN 21 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 163487

1. Corporation Name
**FLORIDA FRESH FISHERIES, INC
DBA - FLORIDA AQUACULTURE**

Principal Place of Business

Mailing Address

**28605 JONES LOOP ROAD
PUNTA GORDA, FL 33982**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

9/14/92

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt #, etc

26. Suite, Apt #, etc

22. City & State

27. City & State

23. Zip

28. Zip

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4. FEI Number

Applied For

65-0356882

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐ Yes ☐ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

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

HARVEY HINRICH'S

4231 PALACIO DRIVE

83. City

84. State

SARASOTA

FL

85. Zip Code

34238

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: **Harvey Hinrichs, V.P. & Secretary** DATE: **MAY 22, 1995**

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	1. TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	12. NAME	ORLAN HINRICH'S	
STREET ADDRESS	13. STREET ADDRESS	BOX 2683	
CITY, ST, ZIP	14. CITY, ST, ZIP	MARCO ISLAND, FL 33969	
TITLE	2. TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	22. NAME	HARVEY HINRICH'S	
STREET ADDRESS	23. STREET ADDRESS	4231 PALACIO DRIVE	
CITY, ST, ZIP	24. CITY, ST, ZIP	SARASOTA, FL 34238	
TITLE	3. TITLE	SECRETARY	☒ Change ☐ Addition
NAME	32. NAME	HARVEY HINRICH'S	
STREET ADDRESS	33. STREET ADDRESS	4231 PALACIO DRIVE	
CITY, ST, ZIP	34. CITY, ST, ZIP	SARASOTA, FL 34238	
TITLE	4. TITLE	TREASURER	☒ Change ☐ Addition
NAME	42. NAME	SHERRON WESTERFIELD MOORE	
STREET ADDRESS	43. STREET ADDRESS	545 FREELING DRIVE	
CITY, ST, ZIP	44. CITY, ST, ZIP	SARASOTA, FL 34242	
TITLE	5. TITLE		☐ Change ☐ Addition
NAME	52. NAME		
STREET ADDRESS	53. STREET ADDRESS		
CITY, ST, ZIP	54. CITY, ST, ZIP		
TITLE	6. 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)(k), 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: **HARVEY HINRICH'S** **Harvey Hinrichs** DATE: **5/22/95** **813923-9524**