

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murray
Secretary of State
Tallahassee, Florida 32399

APPROVED

95 MAY 11 AM 11:29

DOCUMENT # **K38395 (5)**

OCEAN TRAWLERS INC.

REC'D
TALLAHASSEE, FLORIDA

Principal Place of Business: 9TH ST & D AVE, P.O. BOX 137, CARRABELLE FL 32322
Mailing Address: 9TH ST & D AVE, P.O. BOX 137, CARRABELLE FL 32322

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		10/13/1988	03/31/1994
22. State App. R. No.		27. State App. R. No.		4. FID Number	Applied for / Not Applicable
22		27		59-2910541	
23. City & State		28. City & State		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Filing Date		25. Filing Date		6. This corporation has liability for delinquency for failure to file 1994 1995 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		25			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WATKINS, JEWEL M. 9TH ST & D AVE. CARRABELLE FL 32322				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.0905 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 607.0905, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
12.1	P WATKINS, JEWEL M. 9TH ST & D AVE CARRABELLE FL	13.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2	VP POCHT, DEBORAH 9TH ST & D CARRABELLE FL <i>Take off</i>	13.2	V.P. Mary Barrack P.O. 137 Carrabelle Fl 32322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.3	S POCHT, ROBERT 9TH ST & D CARRABELLE FL <i>Take off</i>	13.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4	I WATKINS, CAROL F. 9TH ST & D AVE CARRABELLE FL <i>Take off</i>	13.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5		13.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6		13.6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7		13.7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8		13.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9		13.9	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 139.07(4)(a), Florida Statutes. Further, I do hereby certify that the information included 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. 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 on Block 12 of this filing. If changed, or on an attachment with an address.

SIGNATURE: *Jewel Watkins* 4-27-95 904 697-4221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR