

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G27782** (3)

1. Corporation Name
CRACKER SEAFOOD, INC.



Principal Place of Business Mailing Address
% JOHN D. GRIFFIN
2609 22ND STREET CAUSEWAY
TAMPA FL 33619
2609 CAUSEWAY BLVD.
2609 22ND STREET CAUSEWAY
TAMPA FL 33619
US

3. Date Incorporated or Qualified **03/15/1983** 3a. Date of Last Report **03/02/1995**
4. FEI Number **59-2649757** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 *2609 Causeway Blvd* 26 *2609 Causeway Blvd*
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
23 *Tampa, FL* 28 *Tampa, FL*
City & State City & State
24 *33619* 25 Country 29 *33619* 30 Country
Zip Zip

9. Name and Address of Current Registered Agent
GRIFFIN, JOHN D.
2609 22ND STREET CAUSEWAY
TAMPA FL 33619

10. Name and Address of New Registered Agent
81 Name *James E. Griffin*
82 Street Address (P.O. Box Number Not Acceptable) *2609 Causeway Blvd*
83
84 City *Tampa* FL 85 Zip Code *33619*

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 *James E. Griffin* President *1/16/96*
Signature typed or printed name of registered agent and date of signature. (NOTE: Registered Agent's signature must be in ink.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFIN, JOHN	
STREET ADDRESS	2609 22ND ST CAUSEWAY	
CITY - ST - ZIP	TAMPA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GRIFFIN, LAVERNE	
STREET ADDRESS	2017 ELK SPRING DRIVE	
CITY - ST - ZIP	BRANDON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRIFFIN, JOHN D JR.	
STREET ADDRESS	2045 ELK SPRING DRIVE	
CITY - ST - ZIP	BRANDON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRIFFIN, JAMES E	
STREET ADDRESS	1703 COTTAGE FOREST COURT	
CITY - ST - ZIP	BRANDON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRIFFIN, LARRY D	
STREET ADDRESS	2013 ELK SPRING DRIVE	
CITY - ST - ZIP	BRANDON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	

Griffin, James E Change Addition
1703 Cottage Forest Ct
Brandon, FL 33510 PD

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)(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: *Laverne C. Griffin* 1/16/96 813-247-5147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)