

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **G27782 (3)**

1. Corporation Name
CRACKER SEAFOOD, INC.



Principal Place of Business: **2609 CAUSEWAY BLVD TAMPA FL 33619 US**
Mailing Address: **2609 CAUSEWAY BLVD TAMPA FL 33619-5166 US**

3. Date Incorporated or Qualified: **03/15/1983**
3a. Date of Last Report: **04/30/1996**
4. FEI Number: **59-2649757**
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: **21 2609 Causeway Blvd.**
2a. Mailing Address: **26 2017 ELK Spring Dr.**
22. City & State: **23 Tampa, FL.**
27. City & State: **28 Brandon, FL.**
24. Zip: **33619** 25. Country: **US** 29. Zip: **33511** 30. Country: **US**

9. Name and Address of Current Registered Agent
**GRIFFIN, JAMES E.
2609 CAUSEWAY BLVD
TAMPA FL 33619**

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: *James E. Griffin, president*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GRIFFIN, JOHN		1.2 NAME	
STREET ADDRESS: 2609 22ND ST CAUSEWAY		1.3 STREET ADDRESS	
CITY - ST - ZIP: TAMPA FL		1.4 CITY - ST - ZIP	
TITLE: ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GRIFFIN, LAVERNE		2.2 NAME	
STREET ADDRESS: 2017 ELK SPRING DRIVE		2.3 STREET ADDRESS	
CITY - ST - ZIP: BRANDON FL		2.4 CITY - ST - ZIP	
TITLE: V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GRIFFIN, JOHN D JR.		3.2 NAME	
STREET ADDRESS: 2045 ELK SPRING DRIVE		3.3 STREET ADDRESS	
CITY - ST - ZIP: BRANDON FL		3.4 CITY - ST - ZIP	
TITLE: PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GRIFFIN, JAMES E		4.2 NAME	
STREET ADDRESS: 1703 COTTAGE FOREST COURT		4.3 STREET ADDRESS	
CITY - ST - ZIP: BRANDON FL		4.4 CITY - ST - ZIP	
TITLE: V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GRIFFIN, LARRY D		5.2 NAME	
STREET ADDRESS: 2013 ELK SPRING DRIVE		5.3 STREET ADDRESS	
CITY - ST - ZIP: BRANDON FL		5.4 CITY - ST - ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY - ST - ZIP:		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **ST** 1/10/97 813-247-5147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)