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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **288982** **(2)**

1. Corporate Name

ESTERO ISLAND SEAFOOD, INC.

Principal Place of Business

2000 MAIN ST
P O BOX 2484
FORT MYERS BEACH FL 33931

Mailing Address

2000 MAIN ST
P O BOX 2484
FORT MYERS BEACH FL 33931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/20/1965**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 — County — 25

Zip — 29 — County — 30

4. FEI Number: **59-1090789** — 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

9. Name and Address of Current Registered Agent

RASH, D. G.
2000 MAIN STREET
PO BOX 2484
FT MYERS BEACH FL 33931

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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	RASH, D. G.	NAME	
STREET ADDRESS	21054 ST. PETER DR.	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL	CITY-ST-ZIP	
TITLE	TD	TITLE	VP ☒ Change ☐ Addition
NAME	RASH, ELIZABETH	NAME	
STREET ADDRESS	21054 ST. PETER DR.	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL	CITY-ST-ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	GRIDLEY, DOROTHY	NAME	
STREET ADDRESS	15490 COPRA LANE	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	CITY-ST-ZIP	
TITLE	VP	TITLE	☒ Change ☐ Addition
NAME	DREW, JOHN A.	NAME	John Drew is not an officer
STREET ADDRESS	6467 FURNAM BLVD SW	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I declare, certify that the information supplied with this filing is accurate and 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 supplement to 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 1, 12, or 13 above, or on an attachment with an address.

SIGNATURE: *David G. Rash* — 4/13/95 — 813-466-4130

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

DAVID G. RASH

0324484 CP