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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
ESTERO ISLAND SEAFOOD, INC.

Principal Place of Business	Mailing Address
2000 MAIN ST P O BOX 2484 FORT MYERS BEACH FL 33931	2000 MAIN ST P O BOX 2484 FORT MYERS BEACH FL 33931-2922

3. Date Incorporated or Qualified: 01/20/1965
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 21054 St. Peters Dr.
Suite, Apt. #, etc.
27
City & State
28 Ft, Myers Beach, FL
Zip 29 33931 Country 30 Lee

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 XX 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: Elizabeth A. Rash
82 Street Address (P.O. Box Number is Not Acceptable): 21054 St. Peters Dr.
83
84 City: Ft. Myers Beach FL 85 Zip Code: 33931

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 Elizabeth A Rash — Elizabeth A. Rash — DATE 4/24/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RASH, D. G. 21054 ST. PETER DR. FT MYERS BEACH FL	XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RASH, ELIZABETH 21054 ST. PETER DR. FT MYERS BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition P Elizabeth Rash 21054 St. Peters Dr. Ft. Myers Beach FL.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GRIDLEY, DOROTHY 15490 COPRA LANE FT. MYERS FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition V Blanche Lee 892 Buttonwood Ft. Myers Beach FL.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 Elizabeth A Rash — Elizabeth A. Rash — DATE 4/24/97