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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 302784

(4)

FILED							
May 22 1997 8:00am							
Secretary of State							

C & S SEAFOOD COMPANY, INC.  Principal Place of Business Mailing Address 5109 127TH AVENUE 5109 127TH AVENUE TAMPA FL 33617-1433						
					3. Date Incorporated or Qualified 03/10/1966	d 3a. Date of Last Report 06/14/1996
2. Principal I	Place of Business	2a. Mailing Address	······································	<del></del>	4. FEI Number	Applied For
21] 26			····	<del> </del>	59-1119966	Not Applicable
Suite, Apt #, etc. Suite, Apt #, etc. 27					5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Sta	ate	City & State	· · · · · · · · · · · · · · · · · · ·	······	6. Election Campaign Financing	<del></del>
23		28			Trust Fund Contribution	Added to Fees
Zφ	Country	Ζιρ	Count	ry		or intangible tax under s. 199.032,
24	25] 9. Name and Address of Curr	29	30		Florida Statutes  10. Name and Address of New I	Yes No
		ent Negistered Agent		1 Name	10. Name and Address of New I	registereo Ageitt
	NA JR,SAM					
	5109 127TH AVE TAMPA FL 33817			2 Street Add	Iress (P.O. Box Number is Not Accept	table)
ן וראי	WILLY I E GOOT!		8	3		
				<u> </u>		
			18	4 City	·	FL 85 Zip Code
SIGNATURE	Stgmature, typed or printed name of registered	agent and tille if applicable (NOT	E. Registered /		poration submits this statement for the triple of triple of the triple of triple	DATE
12.	PD OFFICERS A	AND DIRECTORS  DELETE	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12  Change Addition
TITLE NAME	VONA, SAM JR		1.1 111L1	· [		C. Crisings C. Addition
STREET ADORESS	PAGE AGTTU AVE			ET ADDRESS		
CITY-SI-70P	TAMPA FL 33617		1.4 CITY			
INTLE	VD	☐ DELETE	2.1 T(TL)			Change Addition
NAME	VONA, DELIA A		2.2 NAM	E		[
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CHY-SI-7IP	TAMPA FL 33617			-ST-ZIP		
10716	SD VONA EUZABETH A	☐ DELETE	3.1 7(1)			☐ Change ☐ Addition
NAME	VONA, ELIZABETH A 5109 E. 127TH AVE.		3.2 NAM	· .		ł
STREET ADORESS	TAMPA FL 33617		1	ET ADDRESS		
CHY-S1-ZIP THLF	TD TD	DELETE	3.4. GHY 4.1 TITU	· ST-ZiP		Change Addition
NAME	VONA, GREGORY L		4. 2 NAN			
STREET ADDRESS	- 466 F 467711 AVE		- 8	ET ADDRESS		
DITY-ST-ZIP	TAMPA FL 33617		4.4 CITY	Į.		
TITLE		DELETE	5.1 TITU			Change Addition
NAME			5.2 NAM	£		
STREET ADORESS	; (		5.3 STRE	et address		ł
CITY-S1-ZIP			5.4 CITY	-ST-ZIP		
THILE		☐ DĒLETE	6.1 TITL	ſ		☐ Change ☐ Addition
NAME			6.2 NAM	ŀ		
STREET ADDRESS	· ·			et address		
CITY - S1 - 7IP			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:

GIATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/30/97 Date

Daytinie Phone #