2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

DOCUMENT # **349599**

1. Entity Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

PHILLIPS MEATS AND SEAFOOD INC

Principal Place of Business Mailing Address 1220 TRANSMITTER ROAD 1220 TRANSMITTER ROAD PANAMA CITY FL 32401-5044 PANAMA CITY FL 32401

Country

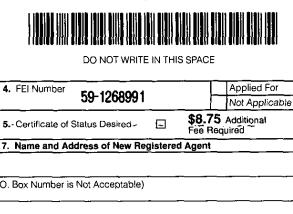
6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

FILED May 02, 2000 8:00 am Secretary of State

05-02-2000 90127 043 ***150.00

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PHILLIPS, SHIRLEY, W 1220 TRANSMITTER RD PANAMA CITY FL 32401

Name			
Street Address (P.O. Box N	lumber is Not Accep	table)	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

Country

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE NAME PHILLIPS, DAVID STREET ADDRESS STREET ADDRESS 1220 TRANSMITTER ROAD CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Change ☐ Addition STD TITI E ☐ Delete TITLE PHILLIPS, SHIRLEY NAME NAME STREET ADDRESS STREET ADDRESS 1220 TRANSMITTER ROAD CITY-ST-ZIP CITY~ST-ZIP PANAMA CITY FL Addition ☐ Delete TITLE ☐ Channe NAME KOON, DONNA P (ASST) NAME STREET ADDRESS STREET ADDRESS 1220 TRANSMITTER ROAD CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if

SIGNATURE: 🔀