2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2004 8:00 am **Secretary of State DOCUMENT # 409534** 1. Entity Name 02-12-2004 90002 003 ***150.00 DICK'S SEAFOOD, INC. Principal Place of Business Mailing Address 11185 9TH ST E 11185 9TH ST E SAINT PETERSBURG FL 33706 SAINT PETERSBURG FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1418521 reasure Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JASLIN, TIMOTHY 11120 9TH ST E SAINT PETERSBURG FL 33706 Zip Code イイク// 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bold, in the State of Florida. I am familiar with, and accept the obligations of registered agent MOTHY FILE NOW!!! FEE IS \$160.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE AS ☐ Delete TITLE ☐ Addition NAHON, JAMI L NAHON, JAMI L. NAME NAME STREET ADDRESS 11120 9TH ST E STREET ADDRESS 11120 CITY-ST-ZIP SAINT PETERSBURG FL 33706 CITY-ST-ZIP PD Delete TITLE TITLE NAME TAPPAN, CARLEEN R NAME STREET ADDRESS 11185 9TH ST. E. STREET ADDRESS CITY-ST-ZIP TREASURE ISLE FL 33706 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI E ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

FILED