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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 414335

(0)

M & C SEAFOOD CO. INC.

FILED Jan 17 1997 8:00am Secretary of State



Principal Pla	ce of Business	Mailing Address			•	T NOBELY GEORGE HERE BETTER FILLE FOR A STATE OF THE BETTER BETTER FOR THE STATE OF			
P. O. BOX 47 701 U.S. HIG RUSKIN FL 3	SHWAY 41 SOUTH, SUITE #D	P. O. BOX 488 701 U.S. HIGHWAY 41 SOUTH, SUITE #D RUSKIN FL 33570-4700							
						3. Date Incorporated or Qualified 12/11/1972		of Last R 2/1996	leport
· '	Place of Business	2a. Mailing Address				4. FEI Number		<u> </u>	pplied For
Suite, Apt	t # otc	Suite, Apt. #, etc.				59-1428665			ot Applicable
22	ι π , σ (ω.	27				5. Certificate of Status Desired		-	Additional equired
City & Sta	ale	City & State				6. Election Campaign Financing		 	May Be
23		28				Trust Fund Contribution			to Fees
Zıp	Country	Zip	Col	untry	'	8. This corporation has liability for i	ntangible ta	ıx under s	. 199.032,
24	25	29	30	,			Yes 🗶		
	9. Name and Address of Curi	rent Hegistered Agent		81	Name	10. Name and Address of New Re	jistered A	jent	
	CROBERTS, EUGENE			Ľ	manie				
1820 SAFFOLD PARK DRIVE RUSKIN FL				82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
nu	JOININ FL			83					<u></u>
				84	City		FL	85 Zip	Code
office or agent 1	registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida. Such change wa	s authorize	id by	the corpora	rporation submits this statement for the patients board of directors. I hereby accep	urpose of c t the appoi	hanging it ntment as	is registered registered
SIGNATURE	Stanature, typest or proted name of registered	agent ai diritte it applicable (N	IOTE: Flegistere	d Age	nt signature requ	uired when reinstating)	DATE		···
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND [IRECTOF	RS IN 12
TITLE	PD	☐ DELETE	1.1 3	ITLE			[Change	Addition
NAME	MCROBERTS, EUGENE A		1.2 N						
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP TITLE	RUSKIN, FL 00000 ST	DELETE	1.4 C 2.1 T	ITY-S	T-ZIP			Change	☐ Addition
NAME	DAVIS, KATHI L	L) DECENE	2.1 1 2.2 N				L	Change	L AUGILIO
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	APOLLO BEACH, FL 00000				ST-ZIP				
TITLE		DELETE	3.1 7			***************************************		Change	Addition
NAME			3.2 N	IAME			_	-	
STREET ADDRESS			3.3 \$	TREET	ADDRESS				
CiTY - ST - ZIP			3.4. (CITY-S	ST-ZIP				
TITLE		DELETE	4.1 1	ITLE			Ţ	Change	☐ Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP	1	Drutte		iTY-S	T-ZIP		r	7 Character	4 4 2 9 1
TITLE		[_] DELETE	5.1 ¥				L	_] Change	Addition
NAME STREET ADDRESS			5.2 N		ADORESS				
CITY-ST-ZIP									
TITLE		DELETE	5.4 U		T-ZIP			Change	Addition
NAME		Broad or and the	6.2 N				L		AGGILO
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ary-s					
· · · · · · · · · · · · · · · · · · ·	eby certify that the information supp	lied with this filing does not au				ed in Section 119.07(3)(i). Florida Statutes	i further o	ertify that	the

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied 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 changed, or on any stachment with an address.

SIGNATURE

MINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/645-256/