

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Served by Mailman
Department of State
1900 Bank of America Plaza
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # 424483

(6)

95 MAY -1 PM 9:37

1. Corporation Name

SEABREEZE SEAFOOD & BAIT, INC.

RECEIVED
TALLAHASSEE, FLORIDA

2. Registered Office Address

3609 CAUSEWAY CRESCENT
TAMPA FL 33619

3. Mailing Address

3609 CAUSEWAY CRESCENT
TAMPA FL 33619

(Leave Blank if Not Applicable)

3. Date of Incorporation (If Incorporated)

04/27/1973

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1519828

Applied For

Not Applicable

5. Certificate of Status (Required)

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. That I am a resident of the State of Florida (If Not, State of _____)
Florida Statutes: ☐ Yes ☒ No

2. Director (If Not, Leave Blank)

21

2a. Mailing Address

26

3. State of Incorporation

22

3a. State of Incorporation

27

4. City & State

23

4a. City & State

28

24

25

29

30

9. Name and Address of Current Registered Agent

FARRIOR, REX, JR
ONE MACK CENTER 501 E KENNEDY
TAMPA, FLORIDA

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number if Not Applicable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3), 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 607.01(3), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary, if Applicable)

(Signature of Registered Agent or Secretary, if Applicable)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD
2. NAME	RICHARDS, ROBERT SIDNEY
3. STREET ADDRESS	7101 49TH AVENUE SOUTH
4. CITY, ST, ZIP	TAMPA FL
5. TITLE	S
6. NAME	RICHARDS, HELEN CHATTIN
7. STREET ADDRESS	7101 49TH AVENUE SOUTH
8. CITY, ST, ZIP	TAMPA FL
9. TITLE	T
10. NAME	RICHARDS, HELEN CHATTIN
11. STREET ADDRESS	7101 49TH AVENUE SOUTH
12. CITY, ST, ZIP	TAMPA FL
13. TITLE	MD
14. NAME	RICHARDS, JAMES SIDNEY
15. STREET ADDRESS	7111 49TH AVE. SO
16. CITY, ST, ZIP	TAMPA FL
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature and name thereon shall have the same legal effect as if made under oath. That I am a resident of the State of Florida or the residence of the corporation is being filed this report is not joined by the undersigned. I know that this is true and that my name appears on the filing of this report as an officer or director of the corporation.

SIGNATURE:

Helen C. Richards secy Treas
Helen C. Richards 4/21/95 813-247-2103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR