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FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 449927

(3)

1. Corporation Name

7-SEAS SEAFOOD, INC.



Principal Place of Business

5017 HOLLY CREST ST.
JACKSONVILLE FL 32205-7016

Mailing Address

5017 HOLLY CREST ST.
JACKSONVILLE FL 32205-7016

2. Principal Place of Business

21 1347 CASSAT AVE.
Suite, Apt. #, etc.

22 City & State
23 JACKSONVILLE, FL.

24 Zip 32205 Country

2a. Mailing Address

26 1347 CASSAT AVE
Suite, Apt. #, etc.

27 City & State
28 JACKSONVILLE, FL.

29 Zip 32205 Country

3. Date Incorporated or Qualified

04/08/1974

3a. Date of Last Report

03/08/1996

4. FCI Number

59-1519334

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NIPPER, MARVIN G.
5017 HOLLYCREST DR.
JACKSONVILLE FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	NIPPER, MARVIN
STREET ADDRESS	5017 HOLLYCREST DR.
CITY-ST-ZIP	JACKSONVILLE FL.
TITLE	S
NAME	NIPPER, GENE C.
STREET ADDRESS	5017 HOLLYCREST DR.
CITY-ST-ZIP	JACKSONVILLE FL.
TITLE	V
NAME	NIPPER, CLYDE E.
STREET ADDRESS	5017 HOLLYCREST DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE

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☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(j), 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:

Marvin G. Nipper

3-10-97

904-265-5006

CR2E034 (9/96)