

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 469015 (2)

1. Corporation Name

FLORIDA SEA FOOD SHOPPES, INC.



Principal Place of Business

Mailing Address

103 BRADLEY DR
NICHOLASVILLE KY 40356
US

P O BOX 23294
LEXINGTON KY 40523-3294
US

3. Date Incorporated or Qualified

02/05/1975

3a. Date of Last Report

03/07/1995

4. FEI Number

62-9939659

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

10. Name and Address of New Registered Agent

HUNSAKER, VERNON S.
505 68TH ST.
HOLMES BEACH FL 33510

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 in print, name of registered agent and firm, if applicable

(NOTE: Registered Agent's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|-------|------|----------------------|---|--------------------------|
| | D | HUNSAKER, VERNON S | 505 68TH ST HOLMES BCH FL | <input type="checkbox"/> |
| | ST | HUNSAKER, JEAN K. | 505 68TH STREET HOLMES BEACH FL | <input type="checkbox"/> |
| | P | HUNSAKER, JAMES S. | 103 BRADLEY DR. NICHOLASVILLE KY 40356 | <input type="checkbox"/> |
| | V | HUNSAKER, STEPHEN S. | 103 BRADLEY DR. NICHOLASVILLE KY 40356 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|--------------------|------|----------------|-----------------|--------------------------|
| 11 TITLE | | | | <input type="checkbox"/> |
| 12 NAME | | | | <input type="checkbox"/> |
| 13 STREET ADDRESS | | | | <input type="checkbox"/> |
| 14 CITY - ST - ZIP | | | | <input type="checkbox"/> |
| 21 TITLE | | | | <input type="checkbox"/> |
| 22 NAME | | | | <input type="checkbox"/> |
| 23 STREET ADDRESS | | | | <input type="checkbox"/> |
| 24 CITY - ST - ZIP | | | | <input type="checkbox"/> |
| 31 TITLE | | | | <input type="checkbox"/> |
| 32 NAME | | | | <input type="checkbox"/> |
| 33 STREET ADDRESS | | | | <input type="checkbox"/> |
| 34 CITY - ST - ZIP | | | | <input type="checkbox"/> |
| 41 TITLE | | | | <input type="checkbox"/> |
| 42 NAME | | | | <input type="checkbox"/> |
| 43 STREET ADDRESS | | | | <input type="checkbox"/> |
| 44 CITY - ST - ZIP | | | | <input type="checkbox"/> |
| 51 TITLE | | | | <input type="checkbox"/> |
| 52 NAME | | | | <input type="checkbox"/> |
| 53 STREET ADDRESS | | | | <input type="checkbox"/> |
| 54 CITY - ST - ZIP | | | | <input type="checkbox"/> |
| 61 TITLE | | | | <input type="checkbox"/> |
| 62 NAME | | | | <input type="checkbox"/> |
| 63 STREET ADDRESS | | | | <input type="checkbox"/> |
| 64 CITY - ST - ZIP | | | | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James S. Hunsaker 4-2-96 606 885-6475

DATE

DAY, MONTH, YEAR

CR2E034 (3/96)