FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 469015

(2)

FLORIDA SEA FOOD SHOPPES, INC.

Principal Place of Business		Mailing Address				g romani misusa mesun sisuna shanda saama maan madaa madaa minda madaa misusi misusi misusi (mm)			
103 BRADLEY DR NICHOLASVILLE KY 40356 US		P O BOX 23294 LEXINGTON KY 40523-3294 US							
						3. Date Incorporated or Qualified 02/05/1975	1	e of Last 5/1996	•
	Place of Business	2a. Mailing Address			4. FEI Number			Applied For	
Suite Apt.	# etc	Suite, Apt. #, etc.			62-9939659			Vot Applicable	
22		27				5. Certificate of Status Desired			Additional Required
City & Stat	te	City & State				Election Campaign Financing \$5.00 May Be			
23						Trust Fund Contribution			to Fees
Zıp				intry		B. This corporation has liability for in			s. 199.032,
24	25	29	30	,			Yes _		,,
1 61 11	9. Name and Address of Curre	nt Hegistered Agent		81	Name	10. Name and Address of New Re	listered A	gent	
	NSAKER, VERNON S.			01	Name				
	68TH ST. LMES BEACH FL 33510			82	Street Addre	ess (P.O. Box Number is Not Acceptab	e)		
nui	LMES BEACH FL 33310			83		·			
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	les, the a	bove	named corp	oration submits this statement for the pon's board of directors. I hereby accep		changing	its registered
office or i agent. La	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505. Fl	authorize lorida Stat	d by tutes	the corporati	on's board of directors. I hereby accep	t the appo	intment a	s registered
SIGNATURE									
	Signature, typical or printed name of registered ag-			d Age	nt signature require	ed when reinstating)	DATE		
12.	T	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D DINGAMED AEDMON 6	DELETE	1.1 TI					Change	Addition
NAME	HUNSAKER, VERNON S 505 68TH ST		1.2 N						
STREET ADDRESS	HOLMES BCH FL		1		ADDRESS				
CITY-ST-ZIP TITLE	ST	☐ DELETE	1.4 C/I DELETE 2.1 TIT		T+ ZIP		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	HUNSAKER, JEAN K.	□ percie	2.1 III.					Owange	LI ADDITION
STREET ADDRESS	505 68TH STREET				ADDRESS				
CITY-ST-ZIP	HOLMES BEACH FL				ST-ZIP	•			
TITLE	P	DELETE			11 - ZIF			Change	Addition
NAME	HUNSAKER, JAMES S.		3.2 N						**************************************
STREET ADDRESS	103 BRADLEY DR.				ADDRESS				
CiTY+ST-ZiP	NICHOLASVILLE KY 40356				51 - ZIP				
TITLE	V	DELETE	4.1 TI					Change	Addition
NAME	HUNSAKER, STEPHEN S.		4. 2 N	IAME	-				
STREET ADDRESS	103 BRADLEY DR.		4.3 S	TREET	AODRESS				
CITY - ST - ZIP	NICHOLASVILLE KY 40358		4.4 CI	TY-S	T-ZIP				
THILE		☐ DELETE	5.1 Tf	TLE				Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S1	REET	ADDRESS				
CITY-ST-ZIP			5.4 CI	TY-S	I-ZIP				
TIFLE		DELETE	6.1 TI	1LE				Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS			5.3 S1	TREET	ADDRESS				

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)(i). 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.

6.4 CITY-ST-ZIP

FILED

Feb 06 1997 8:00am

Secretary of State