

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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 469015 (2)
1. Corporation Name
FLORIDA SEA FOOD SHOPPES, INC.

Principal Place of Business
103 BRADLEY DR
NICHOLASVILLE KY 40356
US

Mailing Address
P O BOX 23294
LEXINGTON KY 40523-3294
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/05/1975

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HUNSAKER, VERNON S
STREET ADDRESS 505 68TH ST
CITY-ST-ZIP HOLMES BCH FL

TITLE
NAME HUNSAKER, JEAN K.
STREET ADDRESS 505 68TH STREET
CITY-ST-ZIP HOLMES BEACH FL

TITLE P
NAME HUNSAKER, JAMES S.
STREET ADDRESS 103 BRADLEY DR.
CITY-ST-ZIP NICHOLASVILLE KY 40356

TITLE V
NAME HUNSAKER, STEPHEN S.
STREET ADDRESS 103 BRADLEY DR.
CITY-ST-ZIP NICHOLASVILLE KY 40356

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I 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.

SIGNATURE: *[Signature]* **REQUIRES S. HUNSAKER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Jan 98

606-985-6475

CR2E034 (10/97)