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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:06

DOCUMENT # 503551 (4)

1. Corporation Name

MAT ROLAND SEAFOOD COMPANY, INC.

Principal Place of Business	Mailing Address
4510 OCEAN ST PO BOX 37 MAYPORT FL 32267	4510 OCEAN ST PO BOX 37 MAYPORT FL 32267

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/19/1976
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-1661605 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 4510 Ocean St.	26 P.O. Box 37
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MAYPORT, FL.	28 City & State: MAYPORT, Fl.
24 Zip: 32267 — 25 Country: Duval	29 Zip: 32267 — 30 Country: Duval

9. Name and Address of Current Registered Agent

ROLAND, MATHIAS C.
220 12TH ST
ATLANTIC BEACH FL 32233

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 Mathias C. Roland Mathias C Roland 2-1-95
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP	1 1 TITLE ☐ Change ☐ Addition
NAME	ROLAND, PRISCILLA	1 2 NAME
STREET ADDRESS	230 PINE ST	1 3 STREET ADDRESS
CITY-ST-ZIP	ATLANTIC BCH FL	1 4 CITY-ST-ZIP
TITLE	~~VP~~	2 1 TITLE ☐ Change ☐ Addition
NAME	~~PERRY, MAURENE~~	2 2 NAME
STREET ADDRESS	~~14002 PADDOCK DR.~~	2 3 STREET ADDRESS
CITY-ST-ZIP	~~JACKSONVILLE FL~~	2 4 CITY-ST-ZIP
TITLE	VP	3 1 TITLE ☐ Change ☐ Addition
NAME	DEAN, ANDERSEN	3 2 NAME
STREET ADDRESS	3896 PALM VALLEY RD.	3 3 STREET ADDRESS
CITY-ST-ZIP	PONTE VEDRA FL	3 4 CITY-ST-ZIP
TITLE	VD	4 1 TITLE ☐ Change ☐ Addition
NAME	ROLAND, VINCENT M.	4 2 NAME
STREET ADDRESS	220-12TH ST.	4 3 STREET ADDRESS
CITY-ST-ZIP	ATLANTIC BCH FL	4 4 CITY-ST-ZIP
TITLE	President	5 1 TITLE ☐ Change ☐ Addition
NAME	Brad M. Roland	5 2 NAME
STREET ADDRESS	230 Pine St.	5 3 STREET ADDRESS
CITY-ST-ZIP	Atlantic Bch, Fl. 32233	5 4 CITY-ST-ZIP
TITLE	Sec.	6 1 TITLE ☐ Change ☐ Addition
NAME	Rose B. Roland	6 2 NAME
STREET ADDRESS	220-12th St.	6 3 STREET ADDRESS
CITY-ST-ZIP	Atlantic Bch. Fl 32233	6 4 CITY-ST-ZIP

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)(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: Rose B. Roland Sec. Rose B. Roland 2-1-95 904-246-9443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0407075 FN