

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

FILED

Jan 16 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 # **503551** (4)

1. Corporation Name
MAT ROLAND SEAFOOD COMPANY, INC.

Principal Place of Business

4510 OCEAN ST
MAYPORT FL 32267
US

Mailing Address

PO BOX 37
MAYPORT FL 32267
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1976

4. FEI Number

59-1661605

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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 | VP | <input type="checkbox"/> DELETE |
| NAME | ROLAND, PRISCILLA | |
| STREET ADDRESS | 230 PINE ST | |
| CITY-ST-ZIP | ATLANTIC BCH FL | |

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | ROLAND, BRAD M. | |
| STREET ADDRESS | 230 PINE ST | |
| CITY-ST-ZIP | ATLANTIC BEACH FL | |

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | ROLAND, VINCENT M. | |
| STREET ADDRESS | 220-12TH ST. | |
| CITY-ST-ZIP | ATLANTIC BCH FL | |

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | ROLAND, ROSE B. | |
| STREET ADDRESS | 220 12 STREET | |
| CITY-ST-ZIP | ATLANTIC BEACH FL | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | Chairman of Board | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Roland, Mathias C. | |
| 1.3 STREET ADDRESS | 220-12th St. | |
| 1.4 CITY-ST-ZIP | Atlantic Bch. Fl. 32233 | |

| | | |
|--------------------|--|---|
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 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: Rose B. Roland RECEIVED Rose B. Roland 1-5-98 904-246-9443

CR2E034 (10/97)