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FILED

Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90057 045 *****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 503551

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

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

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
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

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 | D | <input type="checkbox"/> DELETE |
| NAME | ROLAND, MATHIAS C | |
| STREET ADDRESS | 220-12TH ST | |
| CITY-ST-ZIP | ATLANTIC BEACH FL 32233 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 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, with all other like empowered.

SIGNATURE:

Rose B. Roland
Rose B. Roland

Date

Daytime Phone #

1-25-99

904.246.9443

CR2E034 (1/98)