FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 9:30

DOCUMENT # **535838** **(7)**

1. Corporation Name
ATLANTIC SEAFOOD COMPANY OF MAYPORT FLORIDA

Principal Place of Business	Mailing Address
4542 OCEAN ST. MAYPORT FL 32233 US	4542 OCEAN ST. MAYPORT FL 32233 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1977
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-1745146 ☐ 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

9. Name and Address of Current Registered Agent

LEEK, M. ELOISE
2851 MAYPORT ROAD
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PPresident-Director	☒ Change ☐ Addition
NAME	LEEK, GEORGE A. JR.	12 NAME	Leek, George A. Jr.	
STREET ADDRESS	2851 MAYPORT ROAD	13 STREET ADDRESS	2851 Mayport Road	
CITY ST ZIP	ATLANTIC BEACH FL	14 CITY ST ZIP	Atlantic Beach, FL 32233	
TITLE	SDT	21 TITLE		☐ Change ☐ Addition
NAME	LEEK, M. ELOISE	22 NAME		
STREET ADDRESS	2851 MAYPORT ROAD	23 STREET ADDRESS		
CITY ST ZIP	ATLANTIC BEACH FL	24 CITY ST ZIP		
TITLE	D	31 TITLE	VPVice President-Director	☒ Change ☐ Addition
NAME	LEEK, DENISE E.	32 NAME	Leek, Denise E.	
STREET ADDRESS	2851 MAYPORT ROAD	33 STREET ADDRESS	2857 Mayport Road	
CITY ST ZIP	ATLANTIC BEACH FL	34 CITY ST ZIP	Atlantic Beach, FL	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	LEEK, MARK A.	42 NAME		
STREET ADDRESS	2851 MAYPORT ROAD	43 STREET ADDRESS		
CITY ST ZIP	ATLANTIC BEACH FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is absolutely furnished and does not qualify for the exemptions 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: Denise E. Leek Denise E. Leek 1-9-95 (904)241-4166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #