

FILED
Mar 05 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 # 573098 (1) 1. Corporation Name GULF FRESH SEAFOOD, INC.			
Principal Place of Business		Mailing Address	
5101 8TH AVE. SOUTH GULF PORT FL 33707		5101 8TH AVE. SOUTH GULF PORT FL 33707	
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	
g. Name and Address of Current Registered Agent			
MERKLE, JOHN W III 8094 CAUSEWAY BLVD. SOUTH ST PETERSBURG FL 33707			81 Name
			82 Street Address
			83
			84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate 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.)			
12. OFFICERS AND DIRECTORS			
TITLE	DP <input type="checkbox"/> DELETE		13.
NAME	MERKLE, JOHN W III		1.1 TITLE
STREET ADDRESS	8094 CAUSEWAY BLVD. S.		1.2 NAME
CITY - ST - ZIP	ST PETERSBURG, FL 00000		1.3 STREET ADDRESS
TITLE	SDT <input type="checkbox"/> DELETE		1.4 CITY - ST - ZIP
NAME	MERKLE, CAROL A		2.1 TITLE
STREET ADDRESS	8094 CAUSEWAY BLVD. S.		2.2 NAME
CITY - ST - ZIP	ST PETERSBURG, FL 00000		2.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE		2.4 CITY - ST - ZIP
NAME			3.1 TITLE
STREET ADDRESS			3.2 NAME
CITY - ST - ZIP			3.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE		3.4 CITY - ST - ZIP
NAME			4.1 TITLE
STREET ADDRESS			4.2 NAME
CITY - ST - ZIP			4.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE		4.4 CITY - ST - ZIP
NAME			5.1 TITLE
STREET ADDRESS			5.2 NAME
CITY - ST - ZIP			5.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE		5.4 CITY - ST - ZIP
NAME			6.1 TITLE
STREET ADDRESS			6.2 NAME
CITY - ST - ZIP			6.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE		6.4 CITY - ST - ZIP

[illegible]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/22/1978		
4. FEI Number 59-1824915		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent		
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MERKLE, JOHN W III 8094 CAUSEWAY BLVD. S. ST PETERSBURG, FL 00000 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDT MERKLE, CAROL A 8094 CAUSEWAY BLVD. S. ST PETERSBURG, FL 00000 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John W. Merkle III John W. MERKLE III 2/24/88 813-321-5005

CP2E034 (10/97)