

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 577060

(7)

1. Corporation Name

PINELLAS CRABCOOKER, INC.



Principal Place of Business

**4155 E LA PALMA AVE
SUITE 250
ANAHEIM CA 92807**

Mailing Address

**4155 E LA PALMA AVE
SUITE 250
ANAHEIM CA 92807**

3. Date Incorporated or Qualified

06/27/1978

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

95-3309792

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

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

City & State

24

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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 filing application

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **AS
MCMAHON, JUDITH**
STREET ADDRESS **4155 E LA PALMA AVE #250**
CITY-ST-ZIP **ANAHEIM CA**

TITLE ☐ DELETE

NAME **DV
TALLICHET, CECILIA**
STREET ADDRESS **4155 E LA PALMA AVE #250**
CITY-ST-ZIP **ANAHEIM CA**

TITLE ☐ DELETE

NAME **PD
TALLICHET, DAVID C JR**
STREET ADDRESS **4155 E LA PALMA AVE #250**
CITY-ST-ZIP **ANAHEIM CA**

TITLE ☐ DELETE

NAME **AT
ROYSE, BOB D.**
STREET ADDRESS **4155 E LA PALMA AVE #250**
CITY-ST-ZIP **ANAHEIM CA**

TITLE ☐ DELETE

NAME **ST
TALLICHET, CECILIA**
STREET ADDRESS **4155 E LA PALMA AVE #250**
CITY-ST-ZIP **ANAHEIM CA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Bob Royse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96
Date

(714) 579-3900
Daytime Phone #

CR2E034 (12/95)