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FILED
Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 623187 (2)

1. Corporation Name
WILSON/SEA FRESH, INC.

Principal Place of Business

U.S. HWY 98 WEST
P.O. BOX 504
APALACHICOLA FL 32320

Mailing Address

U.S. HWY 98 WEST
P.O. BOX 504
APALACHICOLA FL 32329-0504



2. Principal Place of Business

21 401 Market Street
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 489
Suite, Apt. #, etc.

22 City & State

23 Apalachicola, FL
Zip 32320 Country

27 City & State

28 Apalachicola, FL
Zip 32329-0489 Country

3. Date Incorporated or Qualified

05/29/1979

3a. Date of Last Report

02/02/1996

4. FEI Number

59-1922182

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

WATKINS, J. BEN, ESQ.
41 COMMERCE STREET
APALACHICOLA FL 32320

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 of registered agent or principal officer and officer if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME WILSON, DONALD W.
STREET ADDRESS P.O. BOX 504 US HWY 98W N/A
CITY-ST-ZIP APALACHICOLA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President
1.2 NAME Jerry Paulk
1.3 STREET ADDRESS P.O. Box 309 N/A
1.4 CITY-ST-ZIP Opp, AL 36467

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

14. I do 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97 904-653-8135
Date Daytime Phone #

0050463

CR2E034 (9/96)