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 # **838045** (3)

PAID MAR 27 1996
CK# 2553

1. Corporation Name
MAYSVILLE SEA FOODS, INC.

Principal Place of Business
121 LAFAYETTE AVENUE
LEXINGTON KY 40502

Mailing Address
121 LAFAYETTE AVENUE
LEXINGTON KY 40502

3. Date Incorporated or Qualified: **03/17/1977**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **61-0843459** — 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

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent
SANDERS, DESHA N., JR
180 CHANNEL DRIVE
NAPLES FL 33963-9142

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 — (Title: Registered Agent Signature) — DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	☐ DELETE
NAME	SANDERS, DESHA JR.	
STREET ADDRESS	180 CHANNEL DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	☐ DELETE
NAME	SANDERS, WALLACE	
STREET ADDRESS	1560 E KEMPER ROAD	
CITY-ST-ZIP	SHARONVILLE OH	
TITLE	SD	☐ DELETE
NAME	SMITH, MARY E.	
STREET ADDRESS	1809 DALNA DR.	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	DT	☐ DELETE
NAME	SIMMONS, GAYLE S.	
STREET ADDRESS	6840 SABLE RIDGE LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: MARY E. SMITH — Mary E. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96 (606) 255-9511
Date — Daytime Phone #

CR2E034 (12/95)