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FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90015 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 838045

1. Corporation Name
MAYSVILLE SEA FOODS, INC.

Principal Place of Business

11385 MONTGOMERY RD
STE 210
CINCINNATI OH 45249
US

Mailing Address

11385 MONTGOMERY ROAD
STE 210
CINCINNATI OH 45249
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1977

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDERS, DESHA N JR
180 CHANNEL DRIVE
NAPLES FL 33963-9142

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SVP ☐ DELETE

NAME SANDERS, DESHA JR
STREET ADDRESS 180 CHANNEL DRIVE
CITY-ST-ZIP NAPLES FL

1.1 TITLE ☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME SANDERS, WALLACE
STREET ADDRESS 11385 MONTGOMERY RD, STE 210
CITY-ST-ZIP CINCINNATI OH 45249

1.2 NAME ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME SMITH, MARY E
STREET ADDRESS 1809 DALNA DR.
CITY-ST-ZIP LEXINGTON KY

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SIMMONS, GAYLE S
STREET ADDRESS 6840 SABLE RIDGE LANE
CITY-ST-ZIP NAPLES FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME HENSLEY, TOM
STREET ADDRESS 11385 MONTGOMERY RD, STE 210
CITY-ST-ZIP CINCINNATI OH 45249

2.1 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME YOUNG, DAVID R
STREET ADDRESS 11385 MONTGOMERY RD, STE 210
CITY-ST-ZIP CINCINNATI OH 45249

2.2 NAME ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99 (513) 605-4716

CR2E034 (11/98)