## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

May 08 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5)F19084 COX'S WHOLESALE SEAFOOD, INC. Principal Place of Business Mailing Address 5606 N. OCCIDENT ST. P O BOX 15661 TAMPA FL 33664 5806 N. OCCIDENT ST. P O BOX 15861 TAMPA FL 33684 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/01/1981 2, Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 59-2057062 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ Ño 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COX. STEVE J 5806 N. OCCIDENT ST. **B2** Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33614** 83 84 City 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, Soction 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. DELETE Change Addition 1.1 TITLE TITLE MALIF COX, STEVE J 12 NAME 4212 W. PLATT ST. 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2 1 TITLE COX, BETTY P 2.2 NAME NAME 4212 W. PLATT ST. STREET ADDRESS 2 3 STREET ADDRESS TAMPA FL 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3 1 TITLE TITLE TRAPALIS, GEORGE 3.2 NAME NAME 5806 N. OCCIDENT STREET 3.3 STREET ADDRESS STREET ADDRESS Tampa Fl 3 4. CITY-S1-ZIP CITY-ST-ZIP DELETE Addition Change 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

14. Thereby 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 legat 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 on an attachment with an address.

4.4 CITY - ST - ZIP

53 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME

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DELETE

DELETE

4/30/98 1-813-656-9500

Change

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Addition

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