

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90021 023 ***150.00

DOCUMENT # F19084

1. Entity Name
COX'S WHOLESALE SEAFOOD, INC.



Principal Place of Business
**5806 N. OCCIDENT ST.
P O BOX 15861
TAMPA, FL 33684**

Mailing Address
**5806 N. OCCIDENT ST.
P O BOX 15861
TAMPA, FL 33684**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-2057062

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COX, STEVE J
5806 N. OCCIDENT ST.
TAMPA, FL 33614**

Name **SMITH, EDWARD B**

Street Address (P.O. Box Number is Not Acceptable)
1600 KATHLEEN ROAD

City **LAKE LAND**

FL

Zip Code
33805

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **DP**
STREET ADDRESS **COX, STEVE J**
CITY-ST-ZIP **5806 N OCCIDENT ST
TAMPA, FL 33614** ☐ Delete

TITLE
NAME **P**
STREET ADDRESS **COX, STEVE J**
CITY-ST-ZIP **5806 N OCCIDENT ST
TAMPA, FL 33614** ☒ Change ☐ Addition

TITLE
NAME **V**
STREET ADDRESS **COX, BETTY P**
CITY-ST-ZIP **5806 N OCCIDENT ST.
TAMPA, FL 33614** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME **CD**
STREET ADDRESS **WATKINS, GEORGE**
CITY-ST-ZIP **1600 KATHLEEN ROAD
LAKE LAND FL 33805** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME **VT**
STREET ADDRESS **SMITH, EDWARD B**
CITY-ST-ZIP **1600 KATHLEEN ROAD
LAKE LAND FL 33805** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME **D**
STREET ADDRESS **WATKINS, JOHN**
CITY-ST-ZIP **1958 MANROE DRIVE NE
ATLANTA GA 30324** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME **V**
STREET ADDRESS **PEARCE, DAVE**
CITY-ST-ZIP **1600 KATHLEEN ROAD
LAKE LAND FL 33805** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward B. Smith **EDWARD B. SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/07 863-687-4411