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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARIMENT OF STATE

Katherine Harris

Secretary of State **SUDITARIOPS** 30 NOISIVID

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90288 035 ***150.00

DOCUMENT # G15968

1. Corporation Name

Bringinal Place of Rusiness

A.B. COOK JR. SEAFOOD, INC.

1 mospai i iao	o or Business						
1523 HIGHLAND ST. 1523 HIGHLAND ST.							
P O BOX 146 P O BOX 146 EFDMANDINA BOLL FL 2004			1		DO NOT WRITE IN TH	IIS SPACE	
FERNANDINA 3CH, FL 32034 FERNANDINA BCH, FL 32034			•		3. Date Incorporated or Qualifed		
					01/01/1983		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		opli∋d For
					59-2239385	 	ot / pplicable
Suite, Ap . #, etc.		Suite, Apt. #, etc.				Additional	
	. #, etc.	27			5. Certifcate of Status Desired		equired
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	Мау Ве
'		28			Trust Fund Contribution	•	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	
24 25		29 30			Personal Property Tax.	☐ Yes	[]No
24	9. Name and Address of Curren		,		10. Name and Address of New Registere	cl Agent	
	3. Harris and Maar 935 or Garren		81	Name			
COOK, MARJORIE E.							
1523 HIGHLAND ST.			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
FERNANDINA BCH. FL 32034			83				
				Ĺ			
			84	City	F	85 Zip	Cc de
				<u> </u>	poration submits this statement for the purpose	·	rogistored
12.	Signature, typed or printed name of registered ager OFFICERS AN	DIRECTORS	13,	The Signature Toda	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
TITLE	CEO DELETE ABCOOK, III		1.1 TITLE			☐ Change	Additio
NAME			1.2 NAME				
STREET ADDRESS	DOD 440		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	EEDNAMONIA DOLLEL 00004		14 CITY-ST-ZIP				
TITLE	DVS DELETE		2.1 TITLE			Change	Additio
NAME	COOK, MARJORIE E		. 2.2 NAME				
STREET ADDRESS	LEAN LUCKE SAID OF		2.3 STREE	TADDRESS			
CITY-ST-ZIP	FERNANDINA BCH FL		2. 4 CITY-	Į.			
TITLE			3.1 TITLE			Change	Additio
NAME			3.2 NAME				
STREET ADDRESS	s		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	-		3.4. CITY-5				
TITLE			4.1 TITLE			☐ Change	Additio
NAME			4 2 NAME				
STREET ADDRESS	S		4 3 STREE	T ADDRESS			
CITY-ST-ZIP	<u> </u>		4.4 CITY-S				
TITLE	<u> </u>		5.1 TITLE		☐ Chang		Additio
NAME		-	5.2 NAME				
STREET ADDR :SS			5.3 STREE	T ADDRESS			
	-[5.4 CITY - S	ST-ZIP			
CITY-ST-ZIP	 	□ DELETE	6.1 TITLE	+-		Change	Additio

14. There by 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 supplementa 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

CR2E034 (11/98)