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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FRANK'S FRESH SEAFOOD & PRODUCE, INC.

DO NOT WRITE IN THIS SPACE

FILED

Jan 27 1998 8:00am

Secretary of State

incipal Place of	Business	_	Ma	alling .	Addr

Country

9. Name and Address of Current Registered Agent

120 SOUTH THIRD STREET (PO BOX 50045 ZIP 32240) JACKSONVILLE BCH FL 32250

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

21

22

23

24

Zip

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

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120 SOUTH THIRD STREET (PO BOX 50045 ZIP 32240) JACKSONVILLE BCH FL 32250

3. Date incorporated or Qualified 09/23/1983 4. FEI Number Applied For 59-2326237 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent

NOE, WILLIAM G., JR. 599 ATLANTIC BLVD. ATLANTIC BEACH FL 32233

25

	84	City FL	85	Zip Code
e a	bove	-named corporation submits this statement for the purpose of	chan	ging its registered

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

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 Ftorida. 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.

Country

82

83

Name

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PD DELETE Change Addition TITLE 1.1 TITLE WINBERRY, FRANKLIN D. NAME 1.2 NAME 120 SOUTH THIRD STREET STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE BCH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 21 TITLE WINBERRY, FRANKLIN E. NAME 2.2 NAME 120 SOUTH THIRD STREET STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE BCH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change ___ Addition TITLE WINBERRY, PATRICIA A. NAME 3.2 NAME 120 SOUTH THIRD STREET STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE BCH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 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.

1/10/20