

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G75396** (3)  
1. Corporation Name  
**B & N SEAFOOD, INC.**

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**95 FEB 16 PM 2:58**

Principal Place of Business Mailing Address  
**% BYRON HOPKINS** **% BYRON HOPKINS**  
**1280 OCEAN VIEW AVENUE** **1280 OCEAN VIEW AVENUE**  
**MARATHON FL 33050** **MARATHON FL 33050**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/19/1983** 3a. Date of Last Report **01/25/1994**  
4. FEI Number **59-2355195** Applied For   
Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional**  
Fee Required  
6. Election Campaign Financing  **\$5.00 May Be**  
Trust Fund Contribution  **Added to Fees**  
7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt. #, etc. 26 **P.O. Box 501175**  
22 City & State 27 **MARATHON, FL.**  
23 Zip 24 **33050-1175** Country 30 **Monroe**

9. Name and Address of Current Registered Agent  
**HOPKINS, BYRON**  
**1280 OCEAN VIEW AVENUE**  
**MARATHON FL 33050**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOPKIN, BYRON</b>	1.2 NAME	
STREET ADDRESS	<b>1280 OCEAN VIEW DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MARATHON FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOPKIN, NELLIE</b>	2.2 NAME	
STREET ADDRESS	<b>1280 OCEAN VIEW DRIVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MARATHON FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>P</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANTROBUS, MARLYN</b>	3.2 NAME	
STREET ADDRESS	<b>1280 OCEAN VIEW DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MARATHON FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>V</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOPKINS, KEITH</b>	4.2 NAME	
STREET ADDRESS	<b>1280 OCEAN VIEW DR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MARATHON FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>ST</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOPKINS, SHEILA</b>	5.2 NAME	
STREET ADDRESS	<b>1280 OCEAN VIEW DR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MARATHON FL</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the information stated in Sections 119.03(2)(b), Florida Statutes. I further certify 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marlyn Antrobus* **2/13/95 305-743-0715**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR