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

APPROVED AND FILED
95 MAY -1 AM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H07629** **(9)**

1. Corporation Name
TRIAD SEAFOOD, INC.

Principal Place of Business	Mailing Address
401 SCHOOL DRIVE EVERGLADES CITY FL 33929 US	PO BOX 5007 EVERGLADES CITY FL 33929 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/12/1984**
3a. Date of Last Report: **04/21/1994**
4. FEI Number: **59-2429511** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

HILTON, CHARLES
401 SCHOOL DRIVE
PO BOX 5007
EVERGLADES CITY FL 33929

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 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HILTON, CHARLES
STREET ADDRESS	401 SCHOOL DRIVE
CITY-ST-ZIP	EVERGLADES CITY FL
TITLE	V
NAME	HILTON, PAMELA
STREET ADDRESS	401 SCHOOL DR
CITY-ST-ZIP	EVERGLADES CITY FL
TITLE	ST
NAME	ANDREWS, ROBERT
STREET ADDRESS	401 SCHOOL DRIVE
CITY-ST-ZIP	EVERGLADES CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blocks: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, each with ☐ Change ☐ Addition — blank)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this card or 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.

SIGNATURE: Pamela Hilton PAMELA HILTON 5-1-95 (813) 695-2662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0451075 FP