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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # J23706 (1)							
ISLAND SEAFOOD COMPANY							
100, 111					1 100 MAT 1840 MAT 1	A dili didi dindi dindi dini di	IMILADAK MAL
Principa! Place of	of Business	Mailing Address	Mailing Address				,,a,, e,s,, ise,
136 EASTPORT RD PO BOX 18247 JACKSONVILLE FL 32229-7247		136 EASTPORT RD PO BOX 18247 JACKSONVILLE FL 323					
					3. Date Incorporated or Qualified 07/08/1986	3a. Date of Last Rep 04/24/199	I
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		oplied For
		26			59-1368319	No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-ı		5. Certificate of Status Desired	1 1	Additional equired
City & State		City & State	City & State		6. Election Campaign Financing		May Be
·· ····		28	- n '		Trust Fund Contribution		to Fees
Zip Country		Zip	Zip Country		8. This corporation has liability for i	intangible tax under s 1	99.032,
24	25	29	30		Florida Statutes	-	
	g. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New R	egistered Agent	
LIALL V	E 10		81				
HALL, Y	ie. un. Stport RD		82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
P.O. BOX 18247			83	+			
	NVILLE FL 32229-7247			0		1	
			84	City		FL 85 Zip	Code
or registere	the provisions of Sections 607.0502 and agent, or both, in the State of Florida, and accept the obligations of, Section	 Such change was authorize 	es, the above- ed by the corp	named corpor loration's boar	ation submits this statement for the pur d of directors. Thereby accept the appo	pose of changing its reg untrient as registered a	gistered office igent. Larn
SIGNATURE	Signature, typed or per had have of registered ages tila	ratificitatio and 1800	D. Bosedered An	Chapman regues	Later modularies	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		S IN 12
TITLE	D	☐ DELETE	1 1 11716			☐ Change	☐ Addition
NAME	HALL, Y.E., JR.		1.2 NAME				
STREET ADDRESS	136 EASTPORT ROAD		13 STREE	T ADDRESS			
CITY-ST-ZIP TITLE	JACKSONVILLE FL DST	☐ DELETE	14 CITY- 2 + TITLE	ST-7iP		Change:	CT Addition
NAME	SWINSON, GRETCHEN H.		2 11 LE 22 NAME			[_] Change:	Addition
STREET ADDRESS	136 EASTPORT ROAD			LADDRESS			
CITY - S1 - ZIP	JACKSONVILLE FL	N 1 (* 15)		St 712			
TITLE	SVP	☐ DELETE	3 1 TITLE	i. i		☐ Change	Addition
NAME	BRYAN, CHRISTINA H.						
STREET ADDRESS			33 STREE	T ADDRESS			İ
CITY-ST-ZIP	FERNANDINA BEACH,F L DP DELETE		3.4 CITY -	S*-ZIP		Change	- Addition
TITLE NAME	BRYAN, WILLIAM E JR	C Decele	4 1 TITLE 4 2 NAME			☐ Change	Addition
STREET ADDRESS	136 EASTPORT ROAD			· Aringces			
CITY-SI-ZIP	JACKSONVILLE FL		4 3 STHELT ADDRESS 4 4 CHTY - ST - ZIP			•	
TITLE	D	☐ DELETE	5 1 TITLE			Change	Addition
NAME	HALL, DONNA M		5.2 NAME				
STREET ADDRESS	136 EASTPORT ROAD		53 STHEE	T ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL		5.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	6.1 TUILE			Change	Addit.on
NAME STREET ADDRESSE		62		7 ADDOC 05	NEDDI CC		
STREET ADDRESS				I ADDRESS			
CITY-ST-ZIP 14. I do hereby	certify that the information supplied w	ith this filing is voluntarily form	6.4 City shed and doe		or the exemption stated in Section 119.	07(3)(k), Florida Statute:	s. I further

certify that the information indicated on this aimust 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F2>/36

PORTS 757543

R2E034 (12/95)