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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J38313

(9)

ALLEN BROTHERS SEAFOOD, INC.

FILED
Apr 04 1997 8:00am
Secretary of State

	NATIONAL PROPERTY

	e of Business	Mailing Addre	988			( INACIEN EINA LINN ANING TIERA CIONA I			
% JOHN W. ALLEN SR. 414 BLUFF ROAD APALACHICOLA FL 32320		414 BLUFF RO	% JOHN W. ALLEN SR. 414 BLUFF ROAD ARN ACHOOLA EL 22220.1103						
		AFALRONICOL	APALACHICOLA FL 32320-1102			3. Date Incorporated or Qualified 3a. Date of Last Report 10/17/1986 04/25/1996			
2. Principal F	Place of Business	2a. Mailing Ad	ddress			4. FEI Number	LL_T		pplied For
11		26				59-2725657		N N	tot Applicable
Suite. Apt.	#, etc	Suite, Apt.	#, etc.			5. Certificate of Status Desired			Additional Required
City & Stat	11:	City & Stat	te		·	Election Campaign Financing			May Be
3		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Country	/	B. This corporation has liability fo	r intangible t	ax under	s. 199.032,
4	25	29		30			Yes [		
	9. Name and Address of Cu		nt			10. Name and Address of New R	legistered A	gent	
ALL	LEN, JOHN W. SR.		-	81	Name				
414	4 BLUFF ROAD ALACHICOLA FL 32320			82	Street Add	dress (P.O. Box Number is Not Accepta	able)		
AP	ALAUNIOULA PL 32320			83					
				84	City			85 Zip	Code
					<b>'</b>	orporation submits this statement for the	<u>FL</u>		
SIGNATURE	Signature hyped or printed name of register OFFICERS	ed agent and title if applicable S AND DIRECTORS	TON)	TE: Hogistered Ag	ent signature req	quired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	DRS IN 12
ne. Nace	PTD		DELETE	11 TITLE	- <del></del> T			Change	
IAME	ALLEN, JOHN W. SR.			1.2 NAME			'		
	ALLEN, JOHN W. SR. 414 BLUFF ROAD				T ADDRESS		'	- " -	
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. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(I), Florida Statutes. Ffurner 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.

**SIGNATURE:** 

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97

670-855V