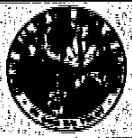


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 17 AM 11:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**CORPORATION  
ANNUAL REPORT  
1995**

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

**DOCUMENT # J39203 (1)**  
1. Corporation Name  
**SUMMERLAND SEAFOOD, INC.**

Principal Place of Business      Mailing Address  
**P.O. BOX 1149, M.M. 25  
SUMMERLAND KEY FL 33042-1149**      **P.O. BOX 1149, M.M. 25  
SUMMERLAND KEY FL 33042-1149**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified      3a. Date of Last Report  
**10/23/1986**      **04/15/1994**

4. FEI Number      Applied For  
**59-2736443**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      28 Zip      29 Country      30 Country

9. Name and Address of Current Registered Agent  
**PETRICK, ROBERT G.  
RT 6, BOX 460 CAPT. KIDD LANE  
SUMMERLAND KEY FL 33042**

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      Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LETSON, JOSEPH A.</b>	1.2 NAME	
STREET ADDRESS	<b>P O BOX 604 MM 25 US 1</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SUMMERLAND KEY FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>T</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILBERT, MICHAEL A</b>	2.2 NAME	
STREET ADDRESS	<b>ROUTE 1, BOX 778</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BIG PINE KEY FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETRICK, ROBERT G</b>	3.2 NAME	
STREET ADDRESS	<b>RT 6, BOX 460, CAPT. KIDD LANE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SUMMERLAND KEY FL 33042</b>	3.4 CITY - ST - ZIP	
TITLE	<b>V</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRALEY, RADFORD W.</b>	4.2 NAME	
STREET ADDRESS	<b>RT 1 BOX 538</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BIG PINE KEY FL 33043</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *J. A. Letson*      **4/13/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Type in Block 8)