

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J39203 (1)

1. Corporation Name
SUMMERLAND SEAFOOD, INC.



Principal Place of Business P.O. BOX 1149, M.M. 25 SUMMERLAND KEY FL 33042-1149	Mailing Address P.O. BOX 1149, M.M. 25 SUMMERLAND KEY FL 33042
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3. Date Incorporated or Qualified 10/23/1986	3a. Date of Last Report 04/16/1996
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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
	Country 29
	Country 30

4. FEI Number 59-2736443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PETRICK, ROBERT G.
RT 6, BOX 480 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)	22962 Capt Kidd Lane
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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETSON, JOSEPH A.	1.2 NAME	
STREET ADDRESS	P O BOX 604 MM 25 US 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERLAND KEY FL	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, MICHAEL A	2.2 NAME	Patrick, Robert G
STREET ADDRESS	ROUTE 1, BOX 778	2.3 STREET ADDRESS	22962 Capt Kidd Lane
CITY-ST-ZIP	BIG PINE KEY FL	2.4 CITY-ST-ZIP	Summerland Key, FL 33042
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRICK, ROBERT G	3.2 NAME	
STREET ADDRESS	RT 6, BOX 480, CAPT. KIDD LANE	3.3 STREET ADDRESS	22962 Capt Kidd Lane
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAILEY, RADFORD W.	4.2 NAME	
STREET ADDRESS	RT 1 BOX 536	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL 33043	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert G. Petrick **REQUIRED** 01/05/97 305/245/3954
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)