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Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

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 33042-1149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/23/1986

4. FEI Number
59-2736443
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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
PETRICK, ROBERT G.
22962 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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	LETSON, JOSEPH A.	
STREET ADDRESS	P O BOX 604 MM 25 US 1	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE	~~T/S~~	☒ DELETE
NAME	~~PETRICK, ROBERT G~~	
STREET ADDRESS	~~22962 CAPT KIDD LANE~~	
CITY-ST-ZIP	~~SUMMERLAND KEY FL~~	
TITLE	S	ETE
NAME	PETRICK, ROBERT G	
STREET ADDRESS	22962 CAPT KIDD LANE	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE	~~V~~	☒ DELETE
NAME	~~FRAILEY, RADFORD W.~~	
STREET ADDRESS	~~RT 1 BOX 596~~	
CITY-ST-ZIP	~~BIG PINE KEY FL 33043~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	T.	☒ Change ☐ Addition
2.2 NAME	FRAILEY, RADFORD W.	
2.3 STREET ADDRESS	570 CROTON LN.	
2.4 CITY-ST-ZIP	BIG PINE KEY, FL 33043	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V GILBERT, MICHAEL A.	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	570 CROTON LANE	
4.4 CITY-ST-ZIP	BIG PINE KEY, FL 33043	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: J. A. Letson 4/1/98 305 745 3954