

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J60664 (6)

1. Corporation Name

MAYPORT WHOLESALE SEAFOOD, INC.

Principal Place of Business

Mailing Address

979 WORTHINGTON AVENUE
P.O. BOX 458
GREEN COVE SPRINGS FL 32043

979 WORTHINGTON AVENUE
P.O. BOX 458
GREEN COVE SPRINGS FL 32043



3. Date Incorporated or Qualified
03/04/1987

3a. Date of Last Report
05/01/1995

4. FEI Number

NOT APPLICABLE

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 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DASHER, CURTIS WALDO, JR
3969 SUSAN DRIVE
GREEN COVE SPRINGS FL 32043

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 C.W. Dasher, President

06-03-96

Signature typed or printed below of registered agent and the applicable

(Block B Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DASHER, C. W.
STREET ADDRESS 3969 SUSAN DRIVE
CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE VP ☐ DELETE

NAME WHITESELL, JAMES
STREET ADDRESS P.O. BOX 922235 N/A
CITY-ST-ZIP NORCROSS GA

TITLE ST ☐ DELETE

NAME DASHER, JIMMY
STREET ADDRESS 1903 S. PALM AVENUE
CITY-ST-ZIP PALATKA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS 22 Ramsey Street, Suite B
24 CITY-ST-ZIP Roswell, Ga 30075

31 TITLE ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS 2101 Twigg Street
34 CITY-ST-ZIP Palatka, FL 32177

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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-06/20/96--01020-043
***200.00

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: C.W. Dasher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-03-96

(904)284-6053

Date

Daytime Phone #

CR2E034 (3/96)