SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # KO3

1. Corporation Name

KO3

(4)

SELECT SEAFOODS, INC.

FILED
Jul 29 1998 8:00am
Secretary of State

|--|--|

Principal Place of Business Mailing Address						1 10410111 A11 04104 11111 11111 11111 11111 1111		DIE ACETE SIBEL SIDII 1801
135-A GUS HIPP BLVD ROCKLEDGE FL 32855 US		135-A GUS HIPP BI	_					
		ROCKLEDGE FL 32 US	955			DO NOT WRITE IN THIS SPACE		
-		03				3. Date Incorporated or Qualified		
						11/20/1987		
2. Principal P	Place of Business	2a. Mailing Addre	6S			4. FEI Number		Applied For
21		26				59-2863646		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	etc.			5. Certificate of Status Desired	\$	8.75 Additional
22		27				o. Certificate of Status Desired		Fee Required
City & Stat	te	City & State				6. Election Campaign Financing		5.00 May Be
23		28		4		Trust Fund Contribution L_J		Added to Fees
Zip	Country	Z <sub>ip</sub>		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	9. Name and Address of C	29	30		<del></del>	Personal Property Tax due June 30.  10. Name and Address of New Registe		
DAD		minett volistalan Whall		81 Na	ıme	10. Hame and Audress of New Registe	en Yöğl	ц
	KER, PATRICK A GUS HIPP BLVD							
	KLEDGE FL 32955		-	82 Sti	reet Addres	ss (P.O. Box Number is Not Acceptable)		
NUC	INCLUDE TE 02000		-  -	83				
								,
			;	B4 Cit	ty		EL 85	Zip Code
11. Pursuan	t to the provisions of sections 607	7.0502 and 607.1508, Florida	Statutes, the abo	ve-nam	ed corpora			na its reaistered
office or agent 1.	registered agent, or both, in the	State of Florida, Such chang obligations of section 607 0	e was authorized	by the	corporation	tion submits this statement for the purpose of solutions of directors. I hereby accept the appropriate the second of directors are supported to the second of directors.	pointme	nt as registered
SIGNATURE	and same with and according	D. generio en accion our o	SOO, I TOHOU GIALL					
SIGNATURE	Signature, typed or printed name of registor	red agent and title if applicable	(NOTE: Registere	d Agent s	ignature require	ed when reinstating) DAT	E	
12.		RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND D	RECTORS IN 12
TITLE	P PARTE PATRICIA	☐ DEL						hange Addition
NAME	BARKER, PATRICK		1.2 NAM					
STREET ADDRESS	6485 SOUTH US 1		1	EET ADDR	ESS			
CITY-ST-ZIP	ROOKLEDGE FL	The second secon		-ST-ZIP			F	Provide and the second
TITLE	N DADWED DODVN	L] DEL						Change Addition
NAME	BARKER, ROBYN		2.2 NAM					
STREET ADDRESS	6485 SOUTH US 1   ROCKLEDGE FL			EET ADDR	ESS			
CITY-ST-ZIP TITLE	HOUNLEUGE PL			-ST-ZIP		<u> </u>	- :4	
NAME		L DEL	3.1 THE 3.2 NAM				اليا (	Change L Addition
STREET ADDRESS				EET ADDRI	F 6 6			
CITY-ST-ZIP			3.4 CITY		103			
TITLE		DEL					<u> </u>	hanaa Addisa-
NAME		L DEL	4.2 NAM		ŀ		c	Change Addition
STREET ADDRESS			B contract of the contract of	EET ADDRI	FSS			į
CITY-ST-ZIP			4.4 CITY					
TITLE		DEL				500002604	TOP	hange Addition
NAME			5.2 NAM			500002604 -07/31/3801058-	<u>-002</u>	rendo Frri Manicoli
STREET ADDRESS			5.3 STRE	ET ADDRI	ESS	***150.00	~ W &	
CITY-ST-ZIP			5.4 CITY			· · · · · · · · · · · · · · · · · · ·		
TITLE		DEL						change Addition
NAME			6.2 NAM	E			`	77/44
STREET ADDRESS			6.3 STRE	ET ADDRI	ESS			<b>ノ</b> グバト
CITY-ST-ZIP			6.4 CITY	-ST-ZIP				1.1

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.

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7-12-98 102-631-0465

ZE034 (5/98)



D89

135A GUS HIPP BLVD

ROCKLEDGE FL 32955

407-631-0465 FAX: 407-634-5058

AHN: Examiner FL Dept of State 76-98

RE: I've called to Report that I've just received our Corp Report that was sont to sovic wrong ADDRESS. The MANING ADDRESS MISIONE THE REPORT IS CORRECT, The ADDRESS ON THE OUTSIDE (PREPRINTED) IS WRONG & have NO Idea why you would sond to This ADDRESS. The examiner I talked to today said to MIS ADDRESS. The examiner I talked to today said to MIT The TEX of the SOLD of The outside, showing The wrong ADDRESS.

If you have any questions Please CALI

Mark You 1 Patrick Barboz PATRICK BARKER