FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L15073** **(4)**

1. Corporate Name

SEAFOOD LADIES, INC.

Principal Place of Business
224 N 20 ST
JACKSONVILLE BEACH FL 32250

Mailing Address
224 N 20 ST
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: 09/07/1989
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business
21
2a. Mailing Address
26

4. FEI Number: 59-2967749 — Applied For / Not Applicable

Suite, Apt. # or Bldg.
22
Suite, Apt. # or Bldg.
27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State
23
City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24 25 29 30

8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ONEILL, KAREN
1009 21ST ST. NO.
JAX BEACH FL 32250

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 Section 607.1808, 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 and the principal place of business or mailing address of the registered agent is the registered office.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GROFF, MARTHA
STREET ADDRESS	224 N 20 ST
CITY, ST, ZIP	JACKSONVILLE BCH FL
TITLE	DST
NAME	STEEN, WANDA J
STREET ADDRESS	224 N 20 ST
CITY, ST, ZIP	JACKSONVILLE BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Add/Del
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Add/Del
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CITY, ST, ZIP

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☐ Change ☐ Add/Del
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information supplied with this report, including any changes, is true and accurate to the extent required by Section 607.0120(8), Florida Statutes. I further certify that the information indicated on the annual report or supplemental amendment to the annual report to be made pursuant to Section 607.0120(8), Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or an attachment with an address.

SIGNATURE: Wanda J. Steen — WANDA J. STEEN, SECRETARY — 4-30-95 — 904-246-7754

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

0000200 CP