

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

REGISTRATION  
 ANNUAL REPORT  
**1995**



DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 1900 BANKERS BUILDING  
 JACKSONVILLE, FLORIDA 32202

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

DOCUMENT # **L42115** (0)

95 APR -4 PM 6: 53

**SEA BREEZE SEAFOOD DISTRIBUTORS, INC.**

2421-A DENNIS STREET  
 JACKSONVILLE FL 32204

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 JACKSONVILLE FL 32204

Address Change →



2. Filing Period: 21, 22, 23, 24, 25, 26, 27, 28, 29, 30

3. Date of Report: 01/08/1990  
 3a. Date of Last Report: 01/21/1994  
 4. Filing Fee: 59-2989406  
 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(3)(2) Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MEIDE, MOSES, JR.**  
**817 N. MAIN STREET**  
**JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 85. State: **FL**  
 86. Zip Code

11. The undersigned hereby certifies that the information furnished herein is true and correct and that the undersigned is duly qualified to act as a registered agent for the corporation named herein. I am a resident of the State of Florida and am at least 18 years of age at the time of filing this report and I accept the appointment as registered agent. I am a resident of the State of Florida and am at least 18 years of age at the time of filing this report.

SIGNATURE

12. OFFICERS AND DIRECTORS

|         |                                     |
|---------|-------------------------------------|
| NAME    | PD GRIFFIN, MICHAEL                 |
| ADDRESS | 760 EBBTIDE DR GREEN COVE SPRNGS, F |
| NAME    |                                     |
| ADDRESS |                                     |
| NAME    |                                     |
| ADDRESS |                                     |
| NAME    |                                     |
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| NAME    |                                     |
| ADDRESS |                                     |
| NAME    |                                     |
| ADDRESS |                                     |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

|         |  |  |
|---------|--|--|
| NAME    |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| ADDRESS |  |  |
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| ADDRESS |  |  |
| NAME    |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| ADDRESS |  |  |

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SIGNATURE: *Michael Griffin* Michael Griffin  
 SIGNATURE AND PRINTED NAME OF THE REGISTERED AGENT

3/29/95 904-856-9905