FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L73258**

1. Corporation Name

Principal Place of Business

SAM'S FRESH SEAFOOD, INC.

900 Broadway Dunedin FL 34698 US		900 Broadway Dunedin FL 34698 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						05/14/1990			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		\vdash	Applied For
21		26			_ ,	59-3017372	9 - <u>2</u> - 25		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired Fee Required				
City & State		City & State	28			Election Campaign Financing Trust Fund Contribution			May Be ed to Fees
Zip 24	Country 25	Zip 30	Country	country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑No			₽No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered A	gent	
			81	N	ame				}
900	t, samuel e. jr. Broadway		82 Street Add			dress (P.O. Box Number is Not Acceptable)			
DUN	EDIN FL 34698		83	3					
			84	C	Bity		FL	85 Z	ip Code
11. Pursuant i office or re agent. I ar SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation.	2 and 607.1508, Florida Statutes, of Florida. Such change was auth tions of, Section 607.0505, Florida	tne abov orized by a Statutes	/e-na / the s.	corporation	n's board of directors. I hereby accep	к ше арроні	tment as	registered
SIGNATURE	Signature, typed or printed name of registered ager		-	ent sign	nature required	when reinstating)	DATE	DIDEO	7000 11 40
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND	Chang	
TITLE	DP		1.1 TITLE						,,,,,,,,,,
NAME	HART, SAMUEL E. JR. 307 BAYSHORE DR		1.2 NAME 1.3 STREE		nocce .				1
STREET ADDRESS	OZONA FL		1.4 CITY-S						ł
CITY-ST-ZIP TITLE	ST	☐ DELETE	2.1 TITLE	01-21		·		☐ Chang	ge Addition
NAME	HART, PHYLLIS		2.2 NAME		1				
STREET ADDRESS	307 BAYSHORE DR		2.3 STREE	ET ADI	DRESS		•		ŀ
CITY-ST-ZIP	OZONA FL		2. 4 CITY-	ST-ZI	Р 🖺	- 			
TITLE		☐ DELETE	3.1 TITLE					Chan	ge 🔲 Addition
NAME	HART, SAMUEL R.		3.2 NAME						
STREET ADDRESS	307 BAYSHORE DR.		3.3 STREE	ET ADI	DRESS				
CITY-ST-ZIP	ozona fl		3.4. CITY-		P			Chan	ge Addition
TITLE		☐ DELETE	4.1 TITLE		Ì				ge (1 Addition)
NAME	Çist		4. 2 NAME						
STREET ADDRESS		•	4.3 STREE						}
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.4 CITY-5 5.1 TITLE		-	to the state of th		Chan	ge Addition
TITLE		LJ OCLLIC	5.1 TILE					_	_
NAME STREET ADDRESS			5.3 STREE		DRESS				1
	•		5.4 CITY-S		ţ				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		_			☐ Chan	ge Addition
		. –	6.2 NAME		ł				ļ
STREET ADDRESS	. •		6.3 STREE	ET ADI	DRESS				

CITY-ST-ZIP 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90049 016 ***150.00