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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Montemayor Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L84010** (2)

1. Corporation Name:
WORLDWIDE SEAFOOD, INC.

Principal Place of Business: % HENRY C. SINGLETON JR 4600 W INDIES DR/P O BOX 25613 TAMPA FL 33622	Mailing Address: % HENRY C. SINGLETON JR 4600 W INDIES DR/P O BOX 25613 TAMPA FL 33622
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 06/27/1990	3a. Date of Last Report: 04/05/1994
4. FEI Number: 65-0201655	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
5. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☐ No	

2. Principal Place of Business: 21. 930 WEST INDIES DRIVE Suite Apt # etc:	2a. Mailing Address: 26. 930 WEST INDIES DRIVE Suite Apt # etc:
23. City/State: RAMROD KEY FL	28. City/State: RAMROD KEY FL
24. Zip: 33042 25. Country: USA	29. Zip: 33042 30. Country: USA

9. Name and Address of Current Registered Agent: SINGLETON, HENRY C., JR 4600 WEST INDIES DRIVE SUMMERLAND-KEY FL 33042	10. Name and Address of New Registered Agent: B1 Name: B2 Street Address (P.O. Box Number is Not Acceptable): 930 WEST INDIES DRIVE B3 City/State: RAMROD KEY FL B5 Zip Code: 33042
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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

(Signature of Agent or Corporation, if the Agent is not a natural person, the signature of the President or Secretary of the Corporation)

(Signature of Registered Agent, if the Agent is not a natural person, the signature of the President or Secretary of the Corporation)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	PTD SINGLETON, HENRY C. JR 4600 W INDIES DR. SUMMERLAND-KEY FL	1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY, ST, ZIP:	☒ Change ☐ Addition 930 WEST INDIES DRIVE RAMROD KEY FL 33042
2. TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	SVD SINGLETON, JOANNE O. 4600 W INDIES DR. SUMMERLAND-KEY FL	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY, ST, ZIP:	☒ Change ☐ Addition 930 WEST INDIES DRIVE RAMROD KEY FL 33042
3. TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:		3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY, ST, ZIP:	☐ Change ☐ Addition
4. TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:		4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY, ST, ZIP:	☐ Change ☐ Addition
5. TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:		5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY, ST, ZIP:	☐ Change ☐ Addition
6. TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:		6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY, ST, ZIP:	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 135.02(1)(a), Florida Statutes. Further, I certify that the information contained 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 187, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Henry C. Singleton Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95
Date

(503)
870-0320
System Name #