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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47028 (8)
 1. Corporation Name
HUDSON SEAFEST INC.



Principal Place of Business 13825 U.S. HIGHWAY 19 SUITE 400 HUDSON FL 34667	Mailing Address 13825 U.S. HIGHWAY 19 SUITE 400 HUDSON FL 34667
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3. Date Incorporated or Qualified 01/24/1992	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-3160106		

2. Principal Place of Business 21 14401 BIRCH ST Suite, Apt. #, etc. 22 HUP City & State 23 HUDSON Zip 24 34667	2a. Mailing Address 26 14401 BIRCH ST Suite, Apt. #, etc. 27 City & State 28 HUDSON Zip 29 34667 Country 30 PASCO
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SHORT, JOHN M.
13825 U.S. HIGHWAY 19
SUITE 304
HUDSON FL 34667

81 Name AL L MEYER	85 Zip Code 34667
82 Street Address (P.O. Box Number is Not Acceptable) 14401 BIRCH ST	
83	
84 City HUDSON	85 Zip Code FL 34667

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Al L Meyer* **PROF.** **4/30/98**
 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE PD	SHORT, JOHN M.	<input checked="" type="checkbox"/> DELETE
NAME	13825 US HWY 19 #400	
STREET ADDRESS	HUDSON FL	
CITY-ST-ZIP		
TITLE VPD	STARKEY, GERRY	<input checked="" type="checkbox"/> DELETE
NAME	7632 NEW JERSEY AVE	
STREET ADDRESS	HUDSON FL	
CITY-ST-ZIP		
TITLE TD	HUBER, KEN	<input checked="" type="checkbox"/> DELETE
NAME	12000 US 19	
STREET ADDRESS	HUDSON FL	
CITY-ST-ZIP		
TITLE D	DELEHANTY, AILEEN	<input checked="" type="checkbox"/> DELETE
NAME	7831 NEW YORK AVE.	
STREET ADDRESS	HUDSON FL	
CITY-ST-ZIP		
TITLE D	VINCENT, JUDY	<input checked="" type="checkbox"/> DELETE
NAME	12021 ALTOONA AVE	
STREET ADDRESS	HUDSON FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE PD	AL L MEYER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	14401 BIRCH ST.	
1.3 STREET ADDRESS	HUDSON, FL. 34667	
1.4 CITY-ST-ZIP		
2.1 TITLE VPD	KURT CONOVER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	14000 FIWAY RD.	
2.3 STREET ADDRESS	HUDSON, FL 34667	
2.4 CITY-ST-ZIP		
3.1 TITLE D	BOB ARNETT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	6840 SR 52	
3.3 STREET ADDRESS	HUDSON FL 34667	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Al L Meyer* **AL L MEYER** **4/30/98** **813881112**

CR2E037 (10/97)