

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07979 (8)

1. Corporation Name
BUMBLE BEE SEAFOODS, INC.

Principal Place of Business
**8800 UNIVERSITY CENTER LN
SAN DIEGO CA 92122
US**

Mailing Address
**BOX 85362
SAN DIEGO CA 92188-8362
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/04/1985** 3a. Date of Last Report **02/23/1994**

4. FEI Number **33-0047288** 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**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TAN, CARLOS M
STREET ADDRESS	8800 UNIVERSITY CENTER LN
CITY - ST - ZIP	SAN DIEGO CA
TITLE	TD
NAME	BATT, JOHN B.
STREET ADDRESS	8800 UNIVERSITY CENTER LN
CITY - ST - ZIP	SAN DIEGO CA
TITLE	S
NAME	YANG, MICHAEL G
STREET ADDRESS	8800 UNIVERSITY CENTER LN
CITY - ST - ZIP	SAN DIEGO CA
TITLE	D
NAME	NORRIS, WALTER F
STREET ADDRESS	8800 UNIVERSITY CENTER LN
CITY - ST - ZIP	SAN DIEGO CA
TITLE	V
NAME	TILAKAMONKUL, SUTHISIRI
STREET ADDRESS	8800 UNIVERSITY CENTER LN
CITY - ST - ZIP	SAN DIEGO CA
TITLE	AS
NAME	KATZ, RANDALL A.
STREET ADDRESS	8800 UNIVERSITY CENTER LN
CITY - ST - ZIP	SAN DIEGO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 from an attached copy with an address.

SIGNATURE: *Randall A. Katz* **Randall A. Katz** 4/2/95 **(619) 550-4152**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Telephone #)