

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 10 AM 9:21

DOCUMENT # P93000037110 (2)

1. Corporation Name

SEASWEET SCALLOP CO., INC.

Principal Place of Business

401 MARKET ST
APALACHICOLA FL 32329

Mailing Address

401 MARKET ST
APALACHICOLA FL 32329

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/21/1993

3a. Date of Last Report
08/31/1994

4. FEI Number
59-3183457

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

21 710 SCALLOP DRIVE

Suite, Apt. #, etc.

2a. Mailing Address

26 710 SCALLOP DRIVE

Suite, Apt. #, etc.

22 City & State

23 CAPE CANAVERAL, FL.

24 Zip

32920

Country

25 U.S.A.

27 City & State

28 CAPE CANAVERAL, FL.

29 Zip

32920

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CARLTON FIELDS WARD EMMANUEL SMITH CUTLER
ATT: NATHANIEL L DOLNER
ONE HARBOUR PL 5TH FLOOR
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
NEWTON, ROGER R
710 SCALLOP DRIVE
CAPE CANAVERAL FL 32920

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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)(b), 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 an authorized officer or director 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 otherwise in Block 12 with an address.

SIGNATURE:

ROGER R. NEWTON

03/06/95 (407) 799-2200

Signature and typed or printed name of signing officer or director

Date

Telephone Number