

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Norton
Secretary of State
Division of CORPORATIONS

APPROVED
AND
FILED

55 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000055432 (6)

1. Corporation Name

P & W SEAFOOD OF FLORIDA, INC.

Principal Place of Business

5205 N.W. 33RD AVENUE
FORT LAUDERDALE FL 33309

Mailing Address

5205 N.W. 33RD AVENUE
FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/25/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FET Number

Applied for
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23. Zip

24. County

28. Zip

30. Country

8. This corporation has liability for intangible tax under 5-110.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILBERTSON, STEPHEN W
2200 N.E. 26TH STREET
WILTON MANORS FL 33305

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 607.01(1)(b) and 607.01(2)(b), 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. Each 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 Sections 607.01(1)(b) and 607.01(2)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Trust Fund Contribution Applicant

Signature of New Registered Agent or Trust Fund Contribution Applicant

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

1. NAME
2. TITLE
3. STREET ADDRESS
4. CITY, STATE, ZIP

PSTD
WORKMAN, JAMES W
5205 N.W. 33RD AVENUE
FORT LAUDERDALE FL 33309

1. NAME
2. TITLE
3. STREET ADDRESS
4. CITY, STATE, ZIP

☐ Change ☐ Addition

5. NAME
6. TITLE
7. STREET ADDRESS
8. CITY, STATE, ZIP

5. NAME
6. TITLE
7. STREET ADDRESS
8. CITY, STATE, ZIP

☐ Change ☐ Addition

9. NAME
10. TITLE
11. STREET ADDRESS
12. CITY, STATE, ZIP

9. NAME
10. TITLE
11. STREET ADDRESS
12. CITY, STATE, ZIP

☐ Change ☐ Addition

13. NAME
14. TITLE
15. STREET ADDRESS
16. CITY, STATE, ZIP

13. NAME
14. TITLE
15. STREET ADDRESS
16. CITY, STATE, ZIP

☐ Change ☐ Addition

17. NAME
18. TITLE
19. STREET ADDRESS
20. CITY, STATE, ZIP

17. NAME
18. TITLE
19. STREET ADDRESS
20. CITY, STATE, ZIP

☐ Change ☐ Addition

21. NAME
22. TITLE
23. STREET ADDRESS
24. CITY, STATE, ZIP

21. NAME
22. TITLE
23. STREET ADDRESS
24. CITY, STATE, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I do not qualify for the exemption stated in Section 139.02(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the signatures shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the receiver or trustee representing its assets and that the signature is 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.

SIGNATURE:

James M. Workman
James M. Workman

5/15/95 (200) 733-9100

