

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Maynard
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

55 MAY -1 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056586 (8)

1. Corporation Name

GLOBAL SEAFOOD MANAGEMENT, INC.

Principal Place of Business

**5802 MASTERS BLVD
ORLANDO FL 32819**

Mailing Address

**5802 MASTERS BLVD
ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/28/1994

2. Principal Place of Business

2a. Mailing Address

21

B

26

P.O. Box 1788

4. FEI Number

Applied For

Not Applicable

59-3267780

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 City & State

28 City & State

WINDERMERE FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24 Zip

Country

29 Zip

Country

34786-1788 ORANGE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUMBOLDT, JAMES R
5802 MASTERS BLVD
ORLANDO FL 32819**

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 title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
HUMBOLDT, JAMES R
5802 MASTERS BLVD
ORLANDO FL 32819**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

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CITY - ST - ZIP

31 TITLE
32 NAME
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34 CITY - ST - ZIP

☐ Change ☐ Addition

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41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

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51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

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TITLE
NAME
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61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 is a true and accurate copy of the information as it appears on the records of the corporation 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 manager or trustee thereof and 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES HUMBOLDT

4/27/95

407-643-8989