

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000082984 (3)

1. Corporation Name
SEAGROVE CRAB, INC.



Principal Place of Business: 5235 E HWY 30-A SANTA ROSA BEACH FL 32459
Mailing Address: 5235 E HWY 30-A SANTA ROSA BEACH FL 32459

3. Date Incorporated or Qualified: 11/09/1994
3a. Date of Last Report: 08/03/1995
4. FEI Number: 59-3282594
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 Suite, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**TSOULKANAS, NICHOLAS
5235 E HWY 30-A
SANTA ROSA BEACH FL 32459**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: FL

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 reinstating.) DATE:

12. OFFICERS AND DIRECTORS
TITLE: DP
NAME: TSOULKANAS, NICHOLAS
STREET ADDRESS: 5235 E HWY 30-A
CITY - ST - ZIP: SANTA ROSA BEACH FL 32459
TITLE: DST
NAME: TSOULKANAS, ANNMARIE
STREET ADDRESS: 5235 E HWY 30-A
CITY - ST - ZIP: SANTA ROSA BEACH FL 32459
TITLE: DELETE
NAME: STREET ADDRESS: CITY - ST - ZIP:
TITLE: DELETE
NAME: STREET ADDRESS: CITY - ST - ZIP:
TITLE: DELETE
NAME: STREET ADDRESS: CITY - ST - ZIP:
TITLE: DELETE
NAME: STREET ADDRESS: CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY - ST - ZIP: Change Addition
2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY - ST - ZIP: Change Addition
3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY - ST - ZIP: Change Addition
4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY - ST - ZIP: Change Addition
5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY - ST - ZIP: Change Addition
6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 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 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: Annmarie Tsoulkanas
Annmarie TSOULKANAS
Date: 6-11-96 (904) 231-1400
District Phone #

CR2E034 (3/96)