

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000002419 (6)**

1. Corporation Name
SHAW'S SEAFOOD, INC.



Principal Place of Business: **9390 LEM TURNER RD. JACKSONVILLE FL 32208**
 Mailing Address: **9390 LEM TURNER RD. JACKSONVILLE FL 32208**

3. Date Incorporated or Qualified: **01/03/1995** 3a. Date of Last Report
 4. FEI Number: **59-329 1778** 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

**SHAW, EDDIE L
 9390 LEM TURNER RD.
 JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.010(2) and 617.15(6), 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 617.05(3), Florida Statutes.

SIGNATURE: *Eddie L. Shaw*

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: **D** DELETE
 NAME: **SHAW, DONNA L**
 STREET ADDRESS: **9390 LEM TURNER RD.**
 CITY - ST - ZIP: **JACKSONVILLE FL 32208**
 2. TITLE: DELETE
 NAME: *Assist. MAN. Eddie L. Shaw Jr.*
 STREET ADDRESS: *9390 Lem Turner Rd.*
 CITY - ST - ZIP: *Jacksonville, Florida 32208*
 3. TITLE: DELETE
 NAME: DELETE
 STREET ADDRESS: DELETE
 CITY - ST - ZIP: DELETE
 4. TITLE: DELETE
 NAME: DELETE
 STREET ADDRESS: DELETE
 CITY - ST - ZIP: DELETE
 5. TITLE: DELETE
 NAME: DELETE
 STREET ADDRESS: DELETE
 CITY - ST - ZIP: DELETE
 6. TITLE: DELETE
 NAME: DELETE
 STREET ADDRESS: DELETE
 CITY - ST - ZIP: DELETE

1. 1.1 TITLE: Change Addition
 1.2 NAME:
 1.3 STREET ADDRESS:
 1.4 CITY - ST - ZIP:
 2. 2.1 TITLE: Change Addition
 2.2 NAME:
 2.3 STREET ADDRESS:
 2.4 CITY - ST - ZIP:
 3. 3.1 TITLE: Change Addition
 3.2 NAME:
 3.3 STREET ADDRESS:
 3.4 CITY - ST - ZIP:
 4. 4.1 TITLE: Change Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY - ST - ZIP:
 5. 5.1 TITLE: Change Addition
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY - ST - ZIP:
 6. 6.1 TITLE: Change 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 president 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 (Change), or on an attachment with an address.

SIGNATURE: *Donna L. Shaw* **DONNA L. SHAW** 5-29-96 9047792244
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/96)