

**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 # P95000005528 (1)**

1. Corporation Name  
**H&H MARINE HARVEST INC.**



Principal Place of Business  
**14150 N BAY SHORE DR  
MADEIRA BEACH FL 33708**

Mailing Address  
**14150 N BAY SHORE DR  
MADEIRA BEACH FL 33708**

3. Date Incorporated or Qualified  
**01/18/1995**

3a. Date of Last Report

4. FEI Number  
**59-3303008**

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

**HOLLAND, BRYON H  
14150 N BAY SHORE DR  
MADEIRA BEACH FL 33708**

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 607.050, Florida Statutes.

SIGNATURE *Bryon Holland* **BRYON HOLLAND** **1 MAY 96**

Signature typed in printer font of registered agent with last name in all caps (DATE) Day Month Year (DATE)

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **D HOLLAND, KENNETH R**

STREET ADDRESS **6954 MAPLES RD**

CITY-ST-ZIP **ELLCOTTVILLE NY 14731**

TITLE  DELETE

NAME **D HOLLAND, SARAH L**

STREET ADDRESS **6954 MAPLES RD**

CITY-ST-ZIP **ELLCOTTVILLE NY 14731**

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 **vice president-prod.**  Change  Addition

1.2 NAME **Holland, Bryon H.**

1.3 STREET ADDRESS **14150 N. Bay Shore Dr.**

1.4 CITY-ST-ZIP **Madeira Beach, FL 33708**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 receiver 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 if changed, or on an attachment with an address.

SIGNATURE: *Bryon Holland* **BRYON HOLLAND** **1 MAY 96** **813-391-0871**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) Day Month Year (Daytime Phone #)

CR2E034 (12/95)