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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P95000022641 (1)**

1. Corporation Name
SEBASTIAN SEAFOODS, INC.

Principal Place of Business
1400 U.S. HWY. 1
SEBASTIAN FL 32958

Mailing Address
1400 U.S. HWY. 1
SEBASTIAN FL 32958-1601

3. Date Incorporated or Qualified: **03/20/1995**
3a. Date of Last Report: **04/20/1996**

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

4. FEI Number: **59-3292827** ☐ 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

9. Name and Address of Current Registered Agent

RECORD, DENNIS M
1400 U.S. #1
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name: Record, Dennis M
82 Street Address (P.O. Box Number is Not Acceptable): 1732 Indian River Drive
83
84 City: Sebastian **FL** 85 Zip Code: 32958

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) (Both Registered Agent signature(s) required when changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	RECORD, DENNID M	
STREET ADDRESS	949 CADILLAC DR.	
CITY-ST-ZIP	PALM BAY FL 32950	
TITLE	PD	☐ DELETE
NAME	RECORD, DORISANN	
STREET ADDRESS	949 CADILLAC DR.	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	ST	☐ DELETE
NAME	HAVLICK, DORIS M	
STREET ADDRESS	949 CADILLAC DR.	
CITY-ST-ZIP	PALM BAY FL 32905	
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

11 TITLE	VP	☒ Change ☐ Addition
12 NAME	Record, Dennis M	
13 STREET ADDRESS	3945 River Oak Lane	
14 CITY-ST-ZIP	Sebastian, FL 32958	
21 TITLE	PD	☒ Change ☐ Addition
22 NAME	Record, Dorisann	
23 STREET ADDRESS	3945 River Oak Lane	
24 CITY-ST-ZIP	Sebastian, FL 32958	
31 TITLE	ST	☒ Change ☐ Addition
32 NAME	Havlick, Doris M	
33 STREET ADDRESS	3945 river Oak Lane	
34 CITY-ST-ZIP	Sebastian, FL 32958	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ 3/18/97