FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 02 1997 8:00am

Secretary of State

Daytime Phone #

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000047603 (2)

	TREAM SEAFOOD, INC.		:			
Principal Place of Business RT 1 BOX 434 SOPCHOPPY FL 32358		Mailing Address RT 1 BOX 434 SOPCHOPPY FL 323:	<u> </u>		1 1981/1981 114 4040) antit dent dent 2011/1 2011/1 2011/1 2014/1 2014/1 2014/1 1011	
					3. Date incorporated or Qualified 06/15/1995	3a. Date of Last Report 06/26/1996
2. Principal Place of Business		2a. Mailing Address	a. Mailing Address		4. FEI Number	Applied For
21		26			58-2184524	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Api. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	I		6. Election Campaign Financing	\$5.00 May Be
23	28		·	····	Trust Fund Contribution	Added to Fees
- Zip 	Country	Zφ	Cour	itry	8. This corporation has liability for	
24	25 9. Name and Address of Curre	29 29 Agent	[30]		Florida Statutes 10. Name and Address of New Re	Yes No
Thui		auf Definition Water		81 Name	10, radio and hadres of hor riv	Assassa Waster
	IXELL, CLYDE W NI		L			
	1 BOX 434 PCHOPPY FL 32358		·	82 Street Add	lress (P.O. Box Number is Not Acceptat	ole)
OUF	UNUTE IL SESSO		Ī	63	·	
			-	A4 05.		Terl 7 o Codo
	Λ			64 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0:	502 and 607.1508, Florida S	tatutes, the ab	ove-named corp	poration submits this statement for the patients board of directors. I hereby accept	ourpose of changing its registered
agent Far	agistered agent or point, in the oldin in fancier with the accept the obli	igationa Such challes	vas aumonzeu b, Florida Statu	ites.	JION'S DOUTE OF CITACIONS, 1 HOLDBY BUCCO	of the appointment as registered
SIGNATURE	MMW (M	ellette)	F-1-1	Clydy	ew. hurel III. the	2 4 23 97
12.	OFFICERS AND DIRECTORS		(NOTE: Registered	Agent signature requi	Ired when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
<u>иг.</u>	PT OFFICERS A	DELETE		ı F	ADDITIONO/OTANGLO TO GETA	Change Addition
NAME	TRUXELL, CLYDE W III		1.2 NAI			****
STREET ADDRESS	RT. 1, BOX 434			REET ADDRESS	•	
C-FY-ST-7/P	SOPCHOPPY FL 32358	FL 32358		Y-ST-ZIP		
THILE	VP	DELETE		LE		, Change Addition
NAME	WILDER, DON			ME		· ·
STREET ADDRESS	51 5TH AVE			REET ADDRESS		
CHY-S1-7IP	NEW YORK NY 10003			2. 4 CiTY-ST-ZIP Change		Chance L Addition
TILLE	S DELETE			1	•	Change Addition
NAME OVERSEL ABOVE OF	KEMBRO, KAREN		3.2 NA!	i		
STREET ADDRESS	P.O. BOX 272 N/A	APALACHICOLA FL		REET ADDRESS TY-ST-ZIP		
TIBLE	APADAUTICULA FL	DELETE				Change Addition
NAMÉ				AME.		
STREET ADDRESS			4.3 STF	REET ADDRESS		
CHTV - S1 - ZHP				Y-ST-ZIP		
THE		DELETE		LE		Change Addition
NAME			5.2 NAI	ME		
STREET ADDRESS				REET ADDRESS		
City -ST-7iP		DELETE		Y-ST-ZIP		Change Addition
T-FLE NAME:		F1 press		1		L. Gridings L. Audition
NAME STREET ADORESS			62 NA	ME REET ADDRESS		
011Y-S1-20F 14. I do hereb	by certify that the information suppl	lied with this filing does not	qualify for the r	Y-ST-ZIP] exemption state	ed in Section 119.07(3)(i), Florida Statute	es. I further certify that the
information Lam an of appears #	in indicated on this arrival report of fficer or director of the corporation in Block 12 or Block 3 if corporation	r supplemental annual report or the receiver or trustee er or on an attachment with a	rt is true and a now red to e	ccurate and tha tocute his repo	at my signature shall have the same lego ort as required by Chapter 607, Florida s	al effect as if made under oath; that Statutes; and that my name