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FILED  
May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000088627 (1)

1. Corporation Name

FISH TALES FRESH SEAFOOD MARKET, INC.

Principal Place of Business

6551 GATEWAY AVE.  
SARASOTA FL 34231

Mailing Address

6551 GATEWAY AVE.  
SARASOTA FL 34231-5803



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/20/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0819159

65-0619159

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

MELVIN, KATHLEEN D  
6551 GATEWAY AVE.  
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

Lisa M. Murphy

82 Street Address (P.O. Box number is Not Acceptable)

1374 Roberts Bay Lane

83

84 City

Sarasota

FL

85

Zip Code  
34242

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

Lisa M. Murphy

(NOTE: Registered Agent signature required when reinstating)

5/1/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☒ DELETE

NAME MELVIN, KATHLEEN  
STREET ADDRESS 373 AVENDA MADIRA  
CITY-ST-ZIP SARASOTA FL 34242

TITLE VPTD ☒ DELETE

NAME MURPHY, LISA M  
STREET ADDRESS 4848 GLEASON AVENUE  
CITY-ST-ZIP SARASOTA FL 34242

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PSD, VPTD  
Murphy, Lisa M.  
1374 Roberts Bay Lane  
Sarasota, FL 34242

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Lisa M. Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97 941 955-5990

DATE

Daytime Phone #

CR2E034 (9/96)