FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000095044 (0)**

1. Corporation Name

GLOBAL SEAFOOD, INC.

Principal Place of Business

306 N MAIN ST
SUITE A
HASTINGS FL 32145

Mailing Address

P O BOX 182
HASTINGS FL 32145-0182

3. Date Incorporated or Qualified: **12/11/1995**

3a. Date of Last Report:

4. FEI Number: 59-3355229 ☐ 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

SCOTT, ALLEN C II
306 N MAIN ST
SUITE A
HASTINGS FL 32145

10. Name and Address of New Registered Agent

81 Name: NORMAN BAKER
82 Street Address (P.O. Box Number is Not Acceptable): 707 Mullet Dr Suite-102
83
84 City: CAPE CANAVERAL FL 85 Zip Code: 32920

11. Pursuant to the provisions of Section 607.0505 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: NORMAN BAKER Norman Baker 4-1-96
(Signature of New Registered Agent, if changed) (Date)

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	D
NAME	SCOTT, ALLEN C II
STREET ADDRESS	306 N MAIN ST
CITY-ST-ZIP	HASTINGS FL 32145
TITLE	PRESIDENT
NAME	NORMAN BAKER
STREET ADDRESS	8401 N ATLANTIC L-7
CITY-ST-ZIP	CAPE CANAVERAL Fla 32920
TITLE	VICE PRESIDENT
NAME	RAYMOND CASCELLA
STREET ADDRESS	680 GEORGE T KING BLVD
CITY-ST-ZIP	PORT CANAVERAL Fla 32920
TITLE	C.E.O.
NAME	TOMARA COLON BAKER
STREET ADDRESS	8401 N. ATLANTIC L-7
CITY-ST-ZIP	CAPE CANAVERAL Fla 32920
TITLE	
NAME	EDWIN SANTIAGO
STREET ADDRESS	1696 MISTY DAWN
CITY-ST-ZIP	MERRIT ISLAND FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
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 (12/95)

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 X in Block 13.

SIGNATURE: NORMAN BAKER Norman Baker 3-31-96 407-7840404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)