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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000027591 (2)

JUDY CANOVA SEAFOOD, INC.

## FILED May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				I REALITARI UNI LATIN ANTIN MATIN BELLI ABRID HARL	<b>udu</b> a daan ii		
1525 PENMAN ROAD	1525 PENMAN ROAD	·					
JACKSONVILLE BEACH FL 32250	JACKSONVILLE BEACH				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	AUL .	
					03/25/1996		
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	Ar	plied For
21	26				59-3338691	<del></del>	t Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional equired
City & State	City & State				6. Election Campaign Financing		*
23	28				Trust Fund Contribution	\$5.00 Added	May Be to Fees
<b>Zip</b> Country	Zip	Cou	intry		8. This corporation owes or has paid the curre		
24 25	29	30					] No
9. Name and Address of Curr	ent Registered Agent		5.71		10. Name and Address of New Registered Ag	jent	
CANOVA, JUDY			81	Name			
1525 PENMAN ROAD	•		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
JACKSONVILLE BEACH FL 3225	V		83	<del></del>			
			~	L			
			84	City	FL	<b>85</b> Zip i	Code
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508. Florida Stat	utes, the al	DOVE	-named corp	and in a desire this statement for the autorian of a	hanging it	s registered
office or registered agent, or both, in the Sta	ite of Florida. Such change was	authorize	d by	the corporati	ion's board of directors. I hereby accept the appoi	ntment as	registered
	igations of, Section 607.0505, i	riorida Stat	uies	j.			
SIGNATURE Signature, typod or printed name of registered	agent and title if applicable. (No	OTE: Registered	J Age	nt signature require	ed when reinstating) DATE		
	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D	_	
TITLE PD	☐ DELET <b>E</b>	1.1 T)	TLE		Ł	Change	Addition
NAME CANOVA, JUDY		1.2 NA					
STREET ADDRESS 1525 PENMAN ROAD CITY-ST-ZIP JACKSONVILLE BEACH FL				ADDRESS			
CITY-ST-ZIP JACKSONVILLE BEACH FL	, DELETE	1.4 CI 2.1 TI		T-ZIP		Change	Addition
NAME		2.1 11 2.2 N/			<u>-</u>	T CHRINGS	Addition
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP		2.4 C					
TITLE	DELETE	3.1 TI		1 211		Change	Addition
NAME		3.2 NA	ME			-	
STREET ADDRESS		3.3 ST	REET	ADDRESS			
CFFY-ST-ZIP		3.4. C	ITY-S	ST-ZIP			
TITLE	☐ DELETE	4.1 TI	TLE			Change	Addition
NAME		4. 2 N.	AME	1			
STREET ADDRESS				ADDRESS			
CITY-\$T-ZIP	T ACTES	4.4 CI		I - ZIP	T.	1 Channe	April 12 and 12
TITLE	☐ DELETE	5.1 TII			L	_ Change	Addition
NAME		5.2 NA					
STREET ADDRESS				AODRESS			
CITY-ST-ZIP	☐ DELETE	5.4 CF		I - ZIP		Change	☐ Addition
TITLE	L. VELETE	6.1 Tri		İ	L	Unange .	L ACCIDION
NAME CONTEST ADDRESS		6.2 NA		1000000			
STREET ADDRESS				ADDRESS T. TO	<b>~</b>		
CITY-ST-ZIP  14. I bereby certify that the information supplied	with this filing does not qualify	for the eye			Section 119.07(3)(i), Florida Statutes, I further certi	fy that the	information

4. I 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 or Block 14 or Block 15 or Block

4- 25.99

ZE034 (10/97)