

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90050 023 ***150.00

DOCUMENT # P96000033959

1. Corporation Name
ESTERO SEA FOOD CO.



Principal Place of Business
1853 VICTORIA AVENUE
FORT MYERS FL 33901

Mailing Address
1853 VICTORIA AVENUE
FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/17/1996

4. FEI Number
65-0660205

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 2200 Main Street
Suite, Apt. #, etc.

2a. Mailing Address
26 PO Box 931
Suite, Apt. #, etc.

22 City & State
23 Ft Myers Beach, FL
Zip Country

27 City & State
28 Estero, FL
Zip Country

24 33931 25 USA

29 33928 30 USA

9. Name and Address of Current Registered Agent

PARSONS, WADE H.
1853 VICTORIA AVE.
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name
Sidney Jacobsen
82 Street Address (P.O. Box Number is Not Acceptable)
2200 Main Street
83
84 City
Fort Myers Beach FL 85 Zip Code
33931

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 Sidney Jacobsen

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME JACOBSEN, SIDNEY
STREET ADDRESS 1853 VICTORIA AVENUE
CITY-ST-ZIP FORT MYERS FL 33901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Sidney Jacobsen
1.3 STREET ADDRESS 2200 Main Street
1.4 CITY-ST-ZIP Fort Myers Beach, FL 33931

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

14. 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIDNEY JACOBSEN

DATE

Daytime Phone #

1/21/99 (941) 463-3186

CR2E034 (11/98)

0438895