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FILED

Feb 18 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 # P96000045422 (8)

1. Corporation Name

SEAFOOD PARTNERS OF SEBASTIAN, INC.

Principal Place of Business

1660 N INDIAN RIVER DR  
SEBASTIAN FL 32958

Mailing Address

1660 N INDIAN RIVER DR  
SEBASTIAN FL 32958-1606



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/29/1996

3a. Date of Last Report

4. FEI Number

65-0668512

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

FERRARO, RONALD C SR  
1660 N INDIAN RIVER DR  
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name

BURTON H. LEHMAN, JR.

82 Street

1660 NORTH INDIAN RIVER DRIVE

83

84 City

SEBASTIAN

FL

85 Zip Code

32958

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

*Burton H. Lehman Jr*  
Signature, typed or printed name of registered agent and title if applicable

*Burton H. Lehman Jr*  
(NOTE: Registered Agent signature required when reinstating)

*2/18/97*  
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME FERRARO, RONALD C SR  
STREET ADDRESS 1660 N INDIAN RIVER DR  
CITY-ST-ZIP SEBASTIAN FL 32958

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

12 NAME BURTON H. LEHMAN, JR.

13 STREET ADDRESS 1660 NORTH INDIAN RIVER DRIVE

14 CITY-ST-ZIP SEBASTIAN, FLORIDA 32958

2.1 TITLE ☐ Change ☒ Addition

22 NAME *GLENDON E. BODIFORD BHJ*

23 STREET ADDRESS *549 WALNUT DRIVE*

24 CITY-ST-ZIP *MELBOURNE, FLORIDA 32955*

3.1 TITLE ☐ Change ☒ Addition

32 NAME *DIRECTOR PATRICIA BELK*

33 STREET ADDRESS *1660 North Indian River Drive*

34 CITY-ST-ZIP *SEBASTIAN, FL 32958*

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

*Burton H. Lehman Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*(802) 242-8549*

CR2E034 (9/96)