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Mar 10 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 # P96000046923 (4)

1. Corporation Name

MOUTH OF THE SOUTH SEAFOOD, INC.



Principal Place of Business
1030 W.C. OWENS AVENUE
CLEWISTON FL 33440

Mailing Address
1030 W.C. OWENS AVENUE
CLEWISTON FL 33440

3. Date Incorporated or Qualified

05/28/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

05-0683003

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

METTS, LOIS
1030 W.C. OWENS AVENUE
CLEWISTON FL 33440

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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	D	DELETE
NAME	METTS, JERRY	
STREET ADDRESS	1030 W.C. OWEN AVENUE	
CITY - ST - ZIP	CLEWISTON FL 33440	
TITLE	D	DELETE
NAME	METTS, LOIS	
STREET ADDRESS	1030 W.C. OWEN AVENUE	
CITY - ST - ZIP	CLEWISTON FL 33440	
TITLE	D	DELETE
NAME	WHITE, BENNIE E	
STREET ADDRESS	500 S. W.C. OWEN AVENUE	
CITY - ST - ZIP	CLEWISTON FL 33440	
TITLE	D	DELETE
NAME	RANGEL, GIRARDO	
STREET ADDRESS	830 E. AVENIDA DEL RIO, APT. #26	
CITY - ST - ZIP	CLEWISTON FL 33440	
TITLE	D	DELETE
NAME	KELLEY, EMORY	
STREET ADDRESS	ROUTE 2, BOX 1121	
CITY - ST - ZIP	CLEWISTON FL 33440	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C=CHAIRMAN	Change	Addition
1.2 NAME	RAMON RODRIGUEZ NAVARRO		
1.3 STREET ADDRESS	1065 STANTON ST.		
1.4 CITY - ST - ZIP	CLEWISTON, FL. 33440		
2.1 TITLE	DIRECTOR	Change	Addition
2.2 NAME	MARCIA BUTLER NAVARRO		
2.3 STREET ADDRESS	1065 STANTON ST.		
2.4 CITY - ST - ZIP	CLEWISTON, FL. 33440		
3.1 TITLE	M=MANAGING DIRECTOR	Change	Addition
3.2 NAME	JUNE MCKEE ROBINSON		
3.3 STREET ADDRESS	P.O. BOX 2521, NA		
3.4 CITY - ST - ZIP	CLEWISTON, FL. 33440		
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: *Lois Metts* 1-30-97 941-983-3161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)