

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUN 20 AM 7:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000059052 (6)

1. Corporation Name
BIG BEND SEAFOOD, INC.



Principal Place of Business: 1165 PALMETTO DRIVE CEDAR KEY FL
Mailing Address: POST OFFICE 46 CEDAR KEY FL 32625

3. Date Incorporated or Qualified: 07/12/1996
3a. Date of Last Report

2. Principal Place of Business (21-23) and Mailing Address (2a-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.
4. FEI Number: 59-3393223
6. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: CAUSEY, KATHRYN F, JACKSON'S ISLAND, HIGHWAY 24 & FRANCO DRIVE, CEDAR KEY FL 32625
10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and Zip Code (FL).

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary P. McIntyre	1.2 NAME	
STREET ADDRESS	P.O. Box 46 NIA	1.3 STREET ADDRESS	
CITY-ST-ZIP	Cedar Key, FL 32625	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William M. Ryan	2.2 NAME	900002220909--3
STREET ADDRESS	1165 Palmetto Drive	2.3 STREET ADDRESS	-06/24/97--01013--010
CITY-ST-ZIP	Cedar Key, FL 32625	2.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard A. Bainbridge	3.2 NAME	
STREET ADDRESS	1165 Palmetto Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Cedar Key, FL 32625	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathryn F. Causey, CPA	4.2 NAME	
STREET ADDRESS	P.O. Box 46 NIA	4.3 STREET ADDRESS	
CITY-ST-ZIP	Cedar Key, FL 32625	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* 4/22/97 352-543-6291

CR2E034 (9/96)