

4-28-98 B5739 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000079879 (8)

1. Corporation Name

COOKE'S SEAFOOD, INC.

Principal Place of Business

SR 24 AT WHIDON DRIVE  
CEDAR KEY FL 32625

Mailing Address

P.O. BOX 46  
CEDAR KEY FL 32625



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1996

4. FEI Number

59-3401492

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

7. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

CAUSEY, KATHRYN F  
HIGHWAY 24 AND FRANKO DRIVE  
JACKSON'S ISLAND  
CEDAR KEY FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P COOKE, RICHARD	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	SR 24 AT WHIDON		1.2 NAME
STREET ADDRESS	CEDAR KEY FL 32625		1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	VPS COOKE, GINGER	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	SR 24 AT WHIDON		2.2 NAME
STREET ADDRESS	CEDAR KEY FL 32625		2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	AT CAUSEY, KATHRYN F	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	12232 FRANKO DR		3.2 NAME
STREET ADDRESS	CEDAR KEY FL 32625		3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	T BOOTH, SHIRLEY	<input type="checkbox"/> DELETE	4.1 TITLE
NAME	SR 24 AT WHIDON		4.2 NAME
STREET ADDRESS	CEDAR KEY FL 32625		4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
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
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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.

SIGNATURE

CR2E034 (1097)