

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90060 015 \*\*\*150.00

0065244

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000079879**

1. Corporation Name  
**COOKE'S SEAFOOD, INC.**

Principal Place of Business <b>S.R. 24 AT WHIDDON DRIVE          CEDAR KEY FL 32625</b>	Mailing Address <b>P.O. BOX 46          CEDAR KEY FL 32625</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 12811 SW SR 24</b> <b>22 (no mail)</b> <b>23 Cedar Key Fl</b> <b>24 32625</b> <b>25 USA</b>		2a. Mailing Address <b>26</b> <b>27</b> <b>28</b> <b>29</b> <b>30</b>		3. Date Incorporated or Qualified <b>09/24/1996</b>		4. FEI Number <b>59-3401492</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>CAUSEY, KATHRYN F</b> <b>HIGHWAY 24 AND FRANKO DRIVE</b> <b>JACKSON'S ISLAND</b> <b>CEDAR KEY FL</b>				10. Name and Address of New Registered Agent <b>81 Name Causey, Kathryn F</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 6052 D St</b> <b>83 P.O. Box 46 (mail)</b> <b>84 City Cedar Key FL 85 Zip Code 32625</b>			
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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 Kathryn F Causey DATE 4/27/99  
(Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P, S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOKE, RICHARD			1.2 NAME	Cooke, Richard		
STREET ADDRESS	SR 24 AT WHIDDON			1.3 STREET ADDRESS	12811 SW SR 24		
CITY-ST-ZIP	CEDAR KEY FL 32625			1.4 CITY-ST-ZIP	Cedar Key, Fl 32625		
TITLE	VPS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOKE, GINGER			2.2 NAME			
STREET ADDRESS	SR 24 AT WHIDDON			2.3 STREET ADDRESS			
CITY-ST-ZIP	CEDAR KEY FL 32625			2.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		3.1 TITLE	T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAUSEY, KATHRYN F			3.2 NAME	Causey, Kathryn F		
STREET ADDRESS	12232 FRANKO DR			3.3 STREET ADDRESS	6052 D St		
CITY-ST-ZIP	CEDAR KEY FL 32625			3.4 CITY-ST-ZIP	Cedar Key Fl 32625		
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOOTH, SHIRLEY			4.2 NAME			
STREET ADDRESS	SR 24 AT WHIDDON			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 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: Kathryn F Causey DATE 4/27/99 352  
(Signature typed or printed name of signing officer or director) Daytime Phone # 543-6271

CR2E034 (11/98)