

• SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P96000096982 (9)**

1. Corporation Name

TRIPLE-T SEAFOOD, INC.

Principal Place of Business

**191 PRIMO DRIVE
FORT MYERS BEACH FL 33931**

Mailing Address

**P.O. BOX 2452
FORT MYERS BEACH FL 33932**

APPROVED
AND
FILED

97 AUG -5 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/21/1996	3a. Date of Last Report N/A -
4. FEI Number 65-0712841	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired N/A	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution N/A	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc. N/A	26 Suite, Apt #, etc. N/A
22 City & State N/A	27 City & State N/A
23 Zip N/A	28 Zip N/A
24 Country N/A	29 Country N/A
25	30

9. Name and Address of Current Registered Agent

**TOWNLEY, A. J III
191 PRIMO DRIVE
FORT MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) N/A
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	D <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNLEY, A. J III	1.2 NAME	
STREET ADDRESS	191 PRIMO DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNLEY, MARK A	2.2 NAME	200002263032
STREET ADDRESS	191 PRIMO DRIVE	2.3 STREET ADDRESS	-08/11/97--01067--014
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	2.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Karen Townley
STREET ADDRESS		3.3 STREET ADDRESS	191 Primo Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Fort Myers Beach, FL 33931
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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:

A. J. Townley III **7/31/97** **941-463-2939**

CR2E034 (4/97)