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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000017557

SEA HARVEST SEAFOOD, INC.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90120 047 ***150.00

Principal Place of Business Mailing Address						I EBOTIONT TEN INTER ENDIS NAMES N	ONY MONTH OPINE I	INCO LANGES BILLON	Altri (Cal 1861
900 MISSION RD 900 MISSION RD									
NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 321			58			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
					j	02/20/1997			
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21 107 N. RIVERSIDE DR 26						59-3432663		No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					1	5. Certificate of Status Desired		\$8.75	Additional
27						5. Certificate or Status Desired		Fee Re	quired
City & State City & State						6. Election Campaign Financing		\$5.00	, ,
23 28			Country			Trust Fund Contribution		Added t	io Fees
Zip				']	8. This corporation owes the cur	rent year Int	angible XiYes	□No
24	25	29 30	<u> </u>			Personal Property Tax. 10. Name and Address of New			
ļ ————	9. Name and Address of Current I	kegistered Agent	81	Name		IV. Name and Address of New	registered	-gon-	
PICK	ETT, PAUL M		82						
900 MISSION RD				Street	t Address	(P.O. Box Number is Not Accept	able)		
NEW SMYRNA BEACH FL 32168									
,,_,,			L						
			84	City			FL	85 Zip (Code
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes,	the abov	e-named	d corpora	tion submits this statement for the	purpose of	changing its	registered
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.									
_	m tamiliar with, and accept the obligation	ris of, Section 607.0505, Florida	Jiaiotes	•					
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Age	nt signature	tequired wh	en reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	P DELETE 1.51		1.1 TITLE					☐ Change	☐ Addition
NAME	PICKETT, PAUL M		1.2 NAME						•
STREET ADDRESS	794 MISSION RD		1.3 STREE	T ADDRESS	3				ļ
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		1.4 CITY-S	T-ZIP	 • 				
TITLE	ST	☐ DELETE	2.1 TITLE		}			Change	
NAME	PICKETT, MARY S		2.2 NAME		-				-
STREET ADDRESS	794 OLD MISSION RD		2.3 STREE	TADDRESS	s				ļ
CITY-ST-ZIP.	NEW SMYRNA BCH FL 32168		2.4 CITY-5	ST-ZIP_		· · · · · · · · · · · · · · · · · · ·		[] Change	- Addition
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NAME			3.2 NAME	T 1000000					
STREET ADDRESS				T ADORESS	s				1
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NAME				TADORESS					
STREET ADDRESS			4.4 City-S		~	•			ţ
TITLE		☐ DELETE	5.1 TITLE		+			☐ Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS	s				1
CITY-ST-ZIP			5.4 CITY-5	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE		\ .			Change	☐ Addition
NAME			6.2 NAME			* 🕻		· · ·	
STREET ADDRESS			6.3 STREE	T ADDRESS	s		ŧ		
CITY-ST-ZIP	,		6.4 CITY-5	T-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:

Daytime Phone #