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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000052973

1. Corporation Name

CONCH REPUBLIC SEAFOOD COMPANY

Principal Place of Business , Mailing Address						(
631 GREENE ST	TREET	631 GREENE STREET				
KEY WEST FL 33040 KEY WEST FL 33040						DO NOT WRITE IN THIS SPACE
	•					DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						06/16/1997
2. Principal Pl	ace of Business .	2a. Mailing Address				4. FEI Number Applied For
21	<u></u>	26				ARRIXED FOR 65-0875100 Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
22[City & State				
City & State	e , .					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coi	intry		8. This corporation owes the current year Intangible
 1			30	··· y		Personal Property Tax.
24	25		וטפ	1		10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent					Name	
0.00	ONNER, B <u>rian</u>			Ш		JAMES W. REED
631 GREENE STREET				82	Street A	Address (P.O. Box Number is Not Acceptable) 631 Greene Street
	WEST FL 33040			83		
J.L.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					%%%%%%%%%%%%
	·			84	City	85 Zip Code
		1500 St. 11 Oct.				Key West FL 33040
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 a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Stat	utes.		
SIGNATURE	James K		mes	W	. Re	ed March 9 1999
- 12	Signature, typed or printed name of registered agent		Registered	Agen	t signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE DELETE	1.1 7	77.5	Т	Change Addition
TITLE.	DP.					
NAME	ROLLINGS, DEAN		1.2 N			
STREET ADDRESS	631 GREENE STREET				ADDRESS	
CITY-\$T-ZIP	KEY WEST FL 33040			TY-\$1	r-ZIP	☐ Change ☐ Addition
TITLE	DVP	☐ DELETE	2.1 Π			DVP
NAME	HENDERSON, LARBY		2.2 N	_		W. A. Perkins, III
STREET ADDRESS	631 GREENE STREET		,		ADDRESS	20 Driftwood Drive
CITY-ST-ZIP	KEY WEST FL 33040	A	-	ITY-S	T-ZIP	
TITLE	DVP	₩ DELETE	3,1 TI			DST - r
NAME	STARLING, FRED M		3.2 N		l	James W. Reed
STREET ADDRESS	2201 CANTO COURT, SUITE 20	10	3.3 \$	TREET	ADDRESS	6553 Gibson Drive
CITY+ST-ZIP	_SARASOTA FL 34232		_		T-ZIP +	Orlando, Florida 32809 Change Addition
TITLE		DELETE	4.1 TI	TLE		Change Addition
NAME	•	•	4.2 N	IAME		
STREET ADDRESS	·		4.3 S	TREET	ADDRESS	
CITY-ST-ZIP	·		4.4 C	TY-S1	T-ZIP	
TITLE		☐ DELETE	5.1 T		1	☐ Change ☐ Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET	ADDRESS	
CITY-ST-ZIP				ITY-S1	T-ZIP	
TITLE		☐ DELETE	6.1 TI	TLE		- Change Addition
NAME			6.2 N	AME		
CTDEET 4 DDEE===			6.3 S	TREET	ADDRESS	

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 of supplemental abrued 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 of the receiver or trucked empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on ap attacking mit with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

HQUIRED NAME OF SIGNING OFFICER OR DIRECTOR

Dean E. Rollings, President