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 # P97000099669

1. Corporation Name

NORTON'S SEAFOOD SALES, INC.

Principal Place of Business		Mailing Address			3112 (8118 1911 9 6 1118	# 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	PARK BLVD., #1607 BEACH FL 32082	P.O. BOX 2875 PONTE VEDRA BEACH FL 32004 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					11/20/1997		
_	ace of Business	2a. Mailing Address		•	4. FEI Number	<u> </u>	oplied For ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3496762	\$8.75		
22		27		5. Certifcate of Status Desired	Fee Re	equired	
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	* {
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25	29 30	0		Personal Property Tax.	X Yes	□No
	9. Name and Address of Current	Registered Agent	81	r	10. Name and Address of New Register	ed Agent	
NORTON, ROBERT W				Name			
100	FAIRWAY PARK BLVD., #1607		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		Í
PONTE VEDRA BEACH FL 32082			83				
			84	City		85 Zip (Code
agent. I ai	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid and title if applicable. (NOTE: Re	a Statutes		on's board of directors. I hereby accept the ap		
12.	OFFICERS ANI	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE NAME	PD Norton, Robert W	Detere	1.1 NAME			onango	
STREET ADORESS	AGG CAIDWAY DADY DIAM MAGG			T ADDRESS			}
CITY-ST-ZIP	PONTE VEDRA BEACH FL 3208		1.4 CITY-S				
TITLE			2.1 TITLE		=	Change	☐ Addition
NAME	221		2.2 NAME				
STREET ADDRESS			2.3 STREE	ADDRESS			
CITY-ST-ZIP			2.4 CITY-5	T-ZIP	<u>-</u>	<u> </u>	
TITLE	B		3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			3.4. CITY- 5 4.1 TITLE	iT-ZiP	<u> </u>	[] Change	Addition
TITLE	· —		4.1 MILE 4.2 NAME				
NAME				TADDRESS			
STREET ADDRESS	· ·		4.4 CITY-S				
CITY-ST-ZIP TITLE			5.1 TITLE	1-4247		Change	Addition
NAME			5.2 NAME				J
STREET ADDRESS			5.3 STREE	TADORESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		DELETE	6.1 TITLE	-		Change	Addition
NAME			6.2 NAME	}			

6.3 STREET 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 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:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

FILED Apr 09, 1999 8:00 am Secretary of State

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