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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000029718

1. Corporation Name

R & R SEAFOOD WHOLESALERS, INC.

Principal Place of Business

500 NORTH JEFFERSON AVE.,#F5
SARASOTA FL 34237

Mailing Address

500 NORTH JEFFERSON AVE.,#F5
SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1998

4. FEI Number

65-0822933

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 500 North Jefferson Av

2a. Mailing Address

26 500 North Jefferson Av

Suite, Apt. #, etc.

22 F-1

Suite, Apt. #, etc.

27 F-1

City & State

23 Sarasota Fl

City & State

28 Sarasota Fl

Zip

24 34237

Country

25 Sarasota

Zip

29 34237

Country

30 Sarasota

9. Name and Address of Current Registered Agent

LANGDON ACCOUNTING & TAX SERVICE, INC.
2198 PRINCETON ST.,STE.12
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

Nena J Swift

82 Street Address (P.O. Box Number is Not Acceptable)

500 North Jefferson Av

83 J-5

84 City

Sarasota

FL

85 Zip Code

34237

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

Nena J Swift

Nena J Swift

4-22-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SWIFT, PATRICK E
STREET ADDRESS 500 NORTH JEFFERSON AVE.,#F5
CITY-ST-ZIP SARASOTA FL 34237

TITLE D ☐ DELETE
NAME SWIFT, ROBERT E
STREET ADDRESS 500 NORTH JEFFERSON AVE.,#F5
CITY-ST-ZIP SARASOTA FL 34237

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T/D ☒ Change ☐ Addition
1.2 NAME Swift, Patrick E
1.3 STREET ADDRESS 500 North Jefferson Av #F-1
1.4 CITY-ST-ZIP Sarasota Fl 34237

2.1 TITLE V/S/D ☒ Change ☐ Addition
2.2 NAME Swift, Robert E
2.3 STREET ADDRESS 500 North Jefferson Av #F-1
2.4 CITY-ST-ZIP Sarasota Fl 34237

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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: *Patrick E Swift* Patrick E Swift

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

941-320-3208

Daytime Phone #

CR2E034 (1/98)