

DOCUMENT # P98000082555

1. Entity Name
FULTON FISH COMPANY

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90025 005 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 85 SAILFISH DR. ATLANTIC BEACH FL 32233	Mailing Address 85 SAILFISH DR. ATLANTIC BEACH FL 32233
2. Principal Place of Business	3. Mailing Address

Suite, Apt. #, etc. 545. S. 10 th Street	Suite, Apt. #, etc. 545. S. 10 th Street
City & State Jacksonville Beach FL	City & State Jacksonville Bch FL
Zip 32250	Zip 32250
Country DUVAL	Country DUVAL

4. FEI Number 59-3534663	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTHSTEIN, SIMON D
4417 BEACH BLVD., STE. 104
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEWELL, ROBERT G 85 SAILFISH DR. ATLANTIC BEACH FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 545 S. 10 th St. Jacksonville Bch FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT OLCOTT, HARRY E JR 85 SAILFISH DR. ATLANTIC BEACH FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 545 S. 10 th St. Jacksonville Bch FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS OLCOTT, HARRY E SR 85 SAILFISH DR. ATLANTIC BEACH FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 545 S. 10 th St. Jacksonville Bch FL 32250
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Sewell ROBERT SEWELL 1/3/01 904 247 3446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E034 (10/00)