

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000084016**

1. Corporation Name

FLYING FISH SEAFOOD, INC.

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90001 029 ***550.00



Principal Place of Business

**4400 34TH STREET NORTH, UNIT F
ST PETERSBURG FL 33714**

Mailing Address

**4400 34TH STREET NORTH, UNIT F
ST PETERSBURG FL 33714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1998

4. FEI Number

59-3535202

Applied For

Not Applicable

5. Certificate of Status Desired - ☐ **\$8.75** Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year

Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 6445 - 4th Street North

Suite, Apt. #, etc.

22

City & State

23 ST. PETERSBURG, FL

Zip

24 33703

Country

25 USA

2a. Mailing Address

26 6445 - 4th Street North

Suite, Apt. #, etc.

27

City & State

28 ST. PETERSBURG, FL

Zip

29 33703

Country

30 USA

9. Name and Address of Current Registered Agent

**FAIR, JAN
1494 52ND AVE., NORTHEAST
ST PETERSBURG FL 33714**

10. Name and Address of New Registered Agent

81 Name

JAN FAIR

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

6445 - 4th Street North

83

84 City

ST. PETERSBURG,

FL

85 Zip Code

33703

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

JAN FAIR

(NOTE: Registered Agent signature required when reinstating)

DATE

8/14/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **FAIR, JAN**

STREET ADDRESS **1494 52ND AVE., NORTHEAST**

CITY-ST-ZIP **ST PETERSBURG FL 33714**

TITLE **VP** ☒ DELETE

NAME **BAUER, CRAIG**

STREET ADDRESS **4400 34TH STREET NORTH, UNIT F**

CITY-ST-ZIP **ST PETERSBURG FL 33714**

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

PRESIDENT, DIRECTOR ☐ Change ☒ Addition

1.2 NAME

DAVID FAIR

1.3 STREET ADDRESS

6445 - 4th Street North

1.4 CITY-ST-ZIP

ST. PETERSBURG, FL 33703

2.1 TITLE

VICE - PRESIDENT, DIRECTOR ☐ Change ☒ Addition

2.2 NAME

ELIZABETH KARCHER

2.3 STREET ADDRESS

6445 - 4th St. North

2.4 CITY-ST-ZIP

ST. PETERSBURG, FL 33703

3.1 TITLE

SECRETARY, DIRECTOR ☐ Change ☒ Addition

3.2 NAME

ROD KARCHER

3.3 STREET ADDRESS

6445 - 4th Street North

3.4 CITY-ST-ZIP

ST. PETERSBURG, FL 33703

4.1 TITLE

VICE - PRESIDENT, TREASURER ☐ Change ☒ Addition

4.2 NAME

JAN FAIR

4.3 STREET ADDRESS

6445 - 4th Street North

4.4 CITY-ST-ZIP

ST. PETERSBURG, FL 33703

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Vice President 8/14/99 (727) 521-3743

Date

Daytime Phone #

CR2E034 (5/99)

0091179