

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000110708

1. Entity Name
AMISON SEAFOOD, INC.



Principal Place of Business
**569 BROWNSVILLE RD.
APALACHICOLA, FL 32320**

Mailing Address
**P.O. BOX 627
APALACHICOLA, FL 32329-0627**

DO NOT WRITE IN THIS SPACE



08082006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3615690

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AMISON, JAMES T
569 BROWNSVILLE RD.
APALACHICOLA, FL 32320**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **AMISON, JAMES T**
STREET ADDRESS **569 BROWNSVILLE RD.**
CITY-ST-ZIP **APALACHICOLA, FL 32320**

TITLE **D**
NAME **AMISON, AVA JEANELLE**
STREET ADDRESS **569 BROWNSVILLE RD.**
CITY-ST-ZIP **APALACHICOLA, FL 32320**

TITLE **VP**
NAME **AMISON, COURTNEY J**
STREET ADDRESS **569 BROWNSVILLE RD**
CITY-ST-ZIP **APALACHICOLA, FL 32320**

TITLE **S**
NAME **AMISON, OTTICE D**
STREET ADDRESS **272 PARADISE LANE**
CITY-ST-ZIP **APALACHICOLA, FL 32320**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000574007
08/10/06-80002-012 558.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ava J. Amison **AVA J. Amison SR. Vice President**

8806

850-653-8340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #