


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 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
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01262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3615690	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000609650
02/01/07-80058-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMISON, JAMES T 569 BROWNSVILLE RD. APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMISON, AVA JEANELLE 569 BROWNSVILLE RD. APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP AMISON, COURTNEY J 569 BROWNSVILLE RD APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S AMISON, OTTICE D 272 PARADISE LANE APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 F. Amison* Ava F. Amison, Sr. Vice President 1-2607 850-653-8340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #