

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthorn  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S32850** (7)  
1. Corporation Name  
**SEA MARKET SEAFOOD, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**4255 A1A S #1 & 2 ST. AUGUSTINE FL 32084** **4255 A1A S #1 & 2 ST. AUGUSTINE FL 32084**

3. Date Incorporated or Qualified **02/18/1991** 3a. Date of Last Report **04/01/1994**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc

4. FEI Number **59-3052185** Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contributions  \$5.00 May Be Added to Fees

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**TINER, MICHAEL L.  
100 ANASTASIA BLVD.  
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 *Lynne B. Tiner* DATE *4/30/95*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<b>D</b>
12.2 NAME	<b>TINER, MICHAEL L.</b>
12.3 STREET ADDRESS	<b>4255 A1A S. #1 &amp; 2</b>
12.4 CITY, ST., ZIP	<b>ST. AUGUSTINE FL</b>
12.5 TITLE	<b>D</b>
12.6 NAME	<b>TINER, LYNNE B.</b>
12.7 STREET ADDRESS	<b>4255 A1A S. #1 &amp; 2</b>
12.8 CITY, ST., ZIP	<b>ST. AUGUSTINE FL</b>
12.9 TITLE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST., ZIP	
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST., ZIP	

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST., ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST., ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST., ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST., ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that, to the best of my knowledge and belief, it is true and correct. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. This is an official act of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (except for an attachment with an address).

SIGNATURE: *Lynne B. Tiner* DATE: *4/30/95* TELEPHONE: *904/461-9991*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR