FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Mailing Address

FLORIDA BAY SEAFOOD, INC.

(5)

FILED Apr 01 1998 8:00am Secretary of State



TAYLOR & MORGAN P.C. G-2302 STONEBRIDGE DRIVE TAYLOR & MORGAN P.C. G-2302 STONEBRIDGE DRIVE **FLINT MI 48532** FLINT MI 48532 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 38-2998630 1248 Oversous 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be marathon 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 29 25 Personal Property Tax due June 30. Yes Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CHRISTENSEN, JAMES M N. END OF CHANNELL 5 BRIDGE MM77 Street Address (P.O. Box Number is Not Acceptable) OVERSEAS HIGHWAY GULF MAHONEY KEY ISLAND CRAIG KEY FL City Zip Code 85 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 Signalure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1.1 TITLE CHRISTENSEN, JAMES M NAME 1.2 NAME 4129 HOLIDAY DRIVE STREET ADDRESS 1.3 STREET ADDRESS FLINT MI CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ■ DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 roport 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 granged, or on an attachment with an address.

3-27-98

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