FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:27

DOCUMENT # U00047 (4)

1. Corporation Name
NATURE COAST SEAFOOD PRODUCTS, INCORPORATED

Principal Place of Business	Mailing Address
547 HEATH AVENUE P.O. BOX 417 SUWANNEE FL 32692	547 HEATH AVENUE P.O. BOX 417 SUWANNEE FL 32692

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1992
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-3119689 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EGGEN, FRED O.
547 HEATH AVENUE
SUWANNEE FL 32692

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	EGGEN, FRED O	12 NAME	
STREET ADDRESS	P.O. BOX 417 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	SUWANNEE FL 32692	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	FALKENBURRY, JOHN A	22 NAME	
STREET ADDRESS	P.O. BOX 1115 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN FL 32680	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, L W	32 NAME	
STREET ADDRESS	RR1, HIGHWAY 347	33 STREET ADDRESS	
CITY-ST-ZIP	CEDAR KEY FL 32625	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	POOLE, DONALD S	42 NAME	
STREET ADDRESS	RT 1, BOX 632 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL 32626	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ODLUND, OSCAR	52 NAME	
STREET ADDRESS	RT 3, BOX 565 N/A	53 STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN FL 32680	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	TAFT, TIM	62 NAME	
STREET ADDRESS	RT 4, BOX 1565 N/A	63 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fred O Eggen FRED O EGGEN 3/23/95 (904)542-8528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #