

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **U00047** (4)  
1. Corporation Name  
**NATURE COAST SEAFOOD PRODUCTS, INCORPORATED**



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

Mailing Address  
**547 HEATH AVENUE  
P.O. BOX 417  
SUWANNEE FL 32692**

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

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

3. Date Incorporated or Qualified  
**03/16/1992**

3a. Date of Last Report  
**03/29/1995**

4. FEI Number  
**59-3119689**

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

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

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

## SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	EGGEN, FRED O	
STREET ADDRESS	P.O. BOX 417 N/A	
CITY-ST-ZIP	SUWANNEE FL 32692	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FALKENBURY, JOHN A	
STREET ADDRESS	P.O. BOX 1115 N/A	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, L W	
STREET ADDRESS	RR1, HIGHWAY 347	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POOLE, DONALD S	
STREET ADDRESS	RT 1, BOX 632 N/A	
CITY-ST-ZIP	CHIEFLND FL 32626	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ODLUND, OSCAR	
STREET ADDRESS	RT 3, BOX 565 N/A	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAFT, TIM	
STREET ADDRESS	RT 4, BOX 1565 N/A	
CITY-ST-ZIP	WILLISTON FL	

## 13.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSEPH A. CARRIER	
1.3 STREET ADDRESS	PO BOX 271 N/A	
1.4 CITY-ST-ZIP	OLD TOWN, FL 32680	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VERNON STEED	
2.3 STREET ADDRESS	HCE BOX 860 N/A	
2.4 CITY-ST-ZIP	CEDAR KEY, FL 32625	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96  
Date

(352) 542-8528  
Daytime Phone #

CR2E037 (12/95)