


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **U00047** (4)
1. Corporation Name
NATURE COAST SEAFOOD PRODUCTS, INCORPORATED



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| 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 32692-0417 |
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|---|--|---|--|------------------------------------|--|
| 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 04/26/1996 | 4. FEI Number 59-3119689 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

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|---|---|
| 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 FL 85 Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EGGEN, FRED O | 1.2 NAME | |
| STREET ADDRESS | P.O. BOX 417 N/A | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SUWANNEE FL 32692 | 1.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FALKENBURY, JOHN A | 2.2 NAME | |
| STREET ADDRESS | P.O. BOX 1115 N/A | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OLD TOWN FL 32680 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, L W | 3.2 NAME | |
| STREET ADDRESS | RR1, HIGHWAY 347 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CEDAR KEY FL 32825 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POOLE, DONALD S | 4.2 NAME | |
| STREET ADDRESS | RT 1, BOX 632 N/A | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHIEFLND FL 32626 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ODLUND, OSCAR | 5.2 NAME | |
| STREET ADDRESS | RT 3, BOX 565 N/A | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | OLD TOWN FL 32680 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARRIER, JOSEPH A | 6.2 NAME | |
| STREET ADDRESS | P.O. BOX 271 N/A | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | OLD TOWN FL 32680 | 6.4 CITY-ST-ZIP | |

14. I do 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 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* **REQUIRED** 4/3/97 (352) 542-8528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0011993

CR2E037 (9/96)