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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # U00047

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 Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

03/16/1992

4. FEI Number

59-3119689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

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 ☐ DELETE

NAME EGGEN, FRED O  
STREET ADDRESS P.O. BOX 417 N/A  
CITY-ST-ZIP SUWANNEE FL 32692

TITLE V ☐ DELETE

NAME FALKENBERRY, JOHN A  
STREET ADDRESS P.O. BOX 1115 N/A  
CITY-ST-ZIP OLD TOWN FL 32680

TITLE D ☐ DELETE

NAME SMITH, L W  
STREET ADDRESS RR1, HIGHWAY 347  
CITY-ST-ZIP CEDAR KEY FL 32625

TITLE D ☐ DELETE

NAME POOLE, DONALD S  
STREET ADDRESS RT 1, BOX 632 N/A  
CITY-ST-ZIP CHIEFLND FL 32626

TITLE D ☐ DELETE

NAME CARRIER, JOSEPH A  
STREET ADDRESS P.O. BOX 271 N/A  
CITY-ST-ZIP OLD TOWN FL 32680

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE: *Fred Eggen* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99  
Date

(352) 542-8528  
Daytime Phone #

CR2E037 (11/98)