**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # **V56684** **(6)**

1. Corporation Name
**EASTERN SEAFARMS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1165 HWY 206<br>ST. AUGUSTINE FL 32086<br>US | P.O. BOX 57581<br>JACKSONVILLE FL 32241<br>US |

3. Date Incorporated or Qualified: 08/03/1992
3a. Date of Last Report: 04/28/1995

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 6900 S. Atlantic Ave | 26 6900 S. Atlantic Ave |
| Suite, Apt. #, etc. 22 #N | Suite, Apt. #, etc. 27 #N |
| City & State 23 New Symrna Bch. FL | City & State 28 New Symrna Bch, FL |
| Zip 24 32169 Country 25 Volusia | Zip 29 32169 Country 30 Volusia |

4. FEI Number: 59-3145993 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SULLIVAN, MICHAEL J.
3 CLAYMONT CT S
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name: SULLIVAN, MICHAEL, J
82 Street Address (P.O. Box Number is Not Acceptable): 6900 S. Atlantic Ave
83 #N
84 City: New Symrna Bch FL 85 Zip Code: 32169

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 _____ (Signature, typed or printed name of the registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SULLIVAN, MICHAEL J.<br>3 CLAYMONT CT S<br>PALM COAST FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D<br>SULLIVAN, MICHAEL, J<br>6900 S. Atlantic Ave #N<br>New Symrna Bch FL 32169 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>ANDERSEN, WILLIAM C.<br>134 HERNANDEZ, AVE<br>PALM COAST FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>SULLIVAN, MICHAEL J.<br>3 CLAYMONT CT S<br>PALM COAST FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ST<br>SULLIVAN, MICHAEL J<br>6900 S. Atlantic Ave #N<br>New Symrna Bch. FL 32169 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (3/96)

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:** Michael J Sull 6-1996 904-428-4209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael J Sullivan