

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V56684

(6)

1. Corporation Name

EASTERN SEAFARMS, INC.

FILED
Mar 26 1997 8:00am
Secretary of State



Principal Place of Business

6900 S ATLANTIC AVE
#N
NEW SYMRNA BEACH FL 32169
US

Mailing Address

6900 S ATLANTIC AVE
APT N
NEW SYMRNA BEACH FL 32169-5008
US

2. Principal Place of Business

21 846 Dolphin Ave

2a. Mailing Address

26 846 Dolphin Ave

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

23 New Smyrna Bch FL.

City & State

28 New Smyrna Bch. FL.

Zip

Country

24 32169

25 US

Zip

Country

29 32169

30 U.S.

9. Name and Address of Current Registered Agent

SULLIVAN, MICHAEL J
6900 S ATLANTIC AVE
NEW SYMRNA BEACH FL 32169

3. Date Incorporated or Qualified

08/03/1992

3a. Date of Last Report

06/25/1996

4. FEI Number

59-3145893

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

10. Name and Address of New Registered Agent

81 Name Sullivan, Michael J

82 Street Address (P.O. Box Number is Not Acceptable)

846 Dolphin Ave

83

84 City New Smyrna 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 Michael J. Sullivan Michael J. Sullivan Sec/Treas 3-20-97

Signature of registered agent provided name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SULLIVAN, MICHAEL J.
STREET ADDRESS 6900 S ATLANTIC AVE
CITY-ST-ZIP NEW SYMRNA FL

TITLE DP ☐ DELETE

NAME ANDERSEN, WILLIAM C.
STREET ADDRESS 134 HERNANDEZ, AVE
CITY-ST-ZIP PALM COAST FL

TITLE ST ☐ DELETE

NAME SULLIVAN, MICHAEL J.
STREET ADDRESS 6900 S ATLANTIC AVE
CITY-ST-ZIP NEW SYMRNA BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

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

846 Dolphin Ave
NEW SYMRNA FL.

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

846 Dolphin Ave
New Smyrna FL

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 included 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 607, 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. Sullivan Michael J. Sullivan Sec/Treas 3-20-97 904 428 4209

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)