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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

SALT CREEK SHELLFISH COMPANY, INC.

Principal Place of Business	Mailing Address
HWY 349	P.O. BOX 1600
SUWANNEE FL 32692	CROSS CITY FL 3262

FILED Jan 20 1998 8:00am Secretary of State



8-1600 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1989 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 47-2940349 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. **Y**es 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VIELE, MARGARET R HWY. 351-A 82 Street Address (P.O. Box Number is Not Acceptable) CROSS CITY FL 32628-1600 83 City 85 Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE (NOTE: Registered Agent signature required when reinstating) (10/97)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELFTE 1 1 TITLE Change Addition VIELE, RICHARD NAME 1.2 NAME CR2E034 HIGHWAY 351-A / P.O. BOX 1600 STREET ADDRESS 1.3 STREET ADDRESS CROSS CITY FL 32628 CITY-ST-ZIP 14 CITY-ST-ZIP THLE DELETE ☐ Change 21 TITLE Addition VIELE, MARGARET NAME 2.2 NAME HIGHWAY 351-A / P.O. BOX 1600 STREET ADDRESS 2.3 STREET ADDRESS CROSS CITY FL 32628 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY- ST-ZIP TITLE DELFTE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-7IP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 it 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 a