

ANNUAL REPORT

SECTION 8

DATE DUE: **9-30-1972** DELINQUENT **NO**
ANNUAL FEE **\$ 500.00**
NON-PROFIT **\$**

OFFICE OF THE SECRETARY OF STATE
CORPORATE RECORDS SECTION
CAPITAL BUILDING
FRANKFORT, KENTUCKY 40601

CORRECTION & ADDITIONS (PLEASE TYPE)
USE THIS SECTION ONLY TO CHANGE OR ADD
INFORMATION MISSING IN SECTION 'A'

IF YOU HAVE BEEN SENT A FOR COPY OF THIS REPORT, PLEASE RETURN IT TO THE ADDRESS LISTED ON THE REPORT. IF YOU HAVE NOT BEEN SENT A COPY, PLEASE RETURN THIS REPORT TO THE ADDRESS LISTED ON THE REPORT.
THANK YOU FOR YOUR COOPERATION.

SECTION A

(1) FEDERAL IDENTIFICATION NO. **657722** (2) DATE OF INCORPORATION **12-22-1978**

(3) FEDERAL IDENTIFICATION NO. (4) STATUS **ACTIVE**

(5) AGENT FOR PROCEEDS
SADIE CRISWELL
1520 PINE BLVD. N.E.
LEXINGTON, KY.

(6) YOUR EXACT NAME
CUMBERLAND SEAWOOD, INC.

(7) MAILING ADDRESS
1520 PINE BLVD. N.E.
LEXINGTON, KY.

(8) OFFICERS & DIRECTORS

(9) AUTHORIZED SHARES **XXXXXXXXX**

(2) DATE OF INCORP.

(5) AGENT FOR PROCEEDS
25349

(6) YOUR EXACT NAME
Asst. Treas.

(7) MAILING ADDRESS

(8) OFFICERS & DIRECTORS

(9) AUTH. SHARES

FEDERAL EMPLOYER
REGISTRATION STATE
RECEIVED
APR 28 1978
DL S od
Commonwealth of Kentucky

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER
DECLARE THAT I AM AUTHORIZED TO SIGN THIS REPORT FOR THIS ENTITY.

AUTHORIZED SIGNATURE *[Signature]*

TITLE **Asst. Treas.** TELEPHONE NO. **606-253-0956**

REPORT

REPORT FOR 1977 DUE JULY 1, 1978
STANDING: GOOD

SECTION A

(1) RECORD NO.

57795

(2) DATE OF INCORPORATION OR CERTIFICATE OF AUTH.

12-22-75

(3) STATE OF INCORPORATION

KENTUCKY

(5) PROCESS AGENT

SADIE CRISWELL
1520 PINE MEADOW RD.
LEXINGTON, KY.

(6) EXACT CORPORATE NAME

CUMBERLAND SEAFOOD, INC.

(7) MAILING ADDRESS

1520 PINE MEADOW RD.
LEXINGTON, KY.

ANNUAL REPORT

OFFICE OF THE SECRETARY OF STATE
CORPORATE RECORDS SECTION
CAPITOL BUILDING
FRANKFORT, KENTUCKY 40601

PHONE NUMBER

(502) 564-7330

PLEASE RETURN THIS COPY WITH FILING FEE

SECTION B

CORRECTIONS AND ADDITIONS PLEASE TYPE
USE THIS SECTION ONLY TO CHANGE OR ADD
INFORMATION MISSING IN SECTION A.

(2) DATE OF INCORP.

STATE OF INCORPORATION

(5) PROCESS AGENT

(6) EXACT CORPORATE NAME

(7) MAILING ADDRESS

IF YOU WISH TO CHANGE PROCESS AGENT OR ADDRESS, PLEASE CONTACT THIS OFFICE FOR APPROPRIATE FORMS.

PLEASE INCLUDE ZIP CODE HERE

SECRETARY OF STATE
REGISTRATION
FEB 28 1977
OFFICE OF THE SECRETARY OF STATE
FRANKFORT, KY.

PLEASE NOTE: IF YOU ARE A KRS CHAPTER 205 CORPORATION, PLEASE SEE REVERSE SIDE OF THIS REPORT.
INSTRUCTIONS

PLEASE MAKE NECESSARY CORRECTIONS, SIGN, FIRM, AND SEND YELLOW COPY WITH YOUR ANNUAL FEE OF 5.00 (CHECKS PAYABLE TO KENTUCKY STATE TREASURER) IN THE ENCLOSED ENVELOPE. RETAIN GREEN COPY FOR YOUR RECORDS.

DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER DECLARE THAT I AM AUTHORIZED TO SIGN THIS REPORT FOR THIS ENTITY.
AUTHORIZED SIGNATURE *[Signature]*

TITLE Asst. Treas.

TELEPHONE NO. 255-0955

09958

FOR OFFICE USE ONLY

REPORT FOR 1978 DUE JULY 1, 1978

ANNUAL REPORT
OFFICE OF THE SECRETARY OF STATE
CORPORATE RECORDS SECTION
CAPITAL BUILDING
FRANKFORT, KENTUCKY 40601

SECTION B
CORRECTIONS AND ADDITIONS PLEASE USE
USE THIS SECTION ONLY TO CHANGE OR ADD
INFORMATION LISTING IN SECTION A

STANDING: 6000

SECTION A
PHONE NUMBER 502 564-7330

(2) DATE OF INCORP

(3) INCORPORATION

(1) RECORD NO.

5778

(2) DATE OF INCORPORATION OR CERTIFICATE OF AUTH

12-22-78

(3) STATE OF INCORPORATION

KENTUCKY

(4) PROCESS AGENT

SADIE CRISWELL
1520 PINE MEADOW RD.
LEXINGTON, KY. 40504

(5) EXACT CORPORATE NAME

COMBERLAND SEAFOOD, INC.

(6) MAILING ADDRESS

1520 PINE MEADOW RD.
LEXINGTON, KY. 40504

FOR OFFICE USE ONLY

(4) PROCESS AGENT

IF YOU WANT TO CHANGE PROCESS AGENT OR ADDRESS PLEASE CONTACT THIS OFFICE FOR APPROPRIATE FORMS

(5) EXACT CORPORATE NAME

SECRETARY OF STATE
RECEIVED
MAY 12 1978

(6) MAILING ADDRESS

PLEASE INCLUDE ZIP CODE HERE OF KENTUCKY

PLEASE NOTE IF YOU ARE AN OFFICER OF A CORPORATION OR PROFESSIONAL SERVICE CORPORATION, PLEASE SEE REVERSE SIDE OF THIS REPORT

PLEASE MAKE NECESSARY CORRECTIONS, SIGN FORM, AND SEND WITH COPY WITH FOUR ANNUAL FEE OF \$5.00

(CHECKS PAYABLE TO KENTUCKY STATE)

TREASURER IN THE ENCLOSED ENVELOPE RETAIN GREEN COPY FOR YOUR RECORDS. I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER DECLARE THAT I AM AUTHORIZED TO SIGN THIS REPORT FOR THIS ENTITY.
AUTHORIZED SIGNATURE

TITLE Asst. Treas.

TELEPHONE NO. (502) 253-0956

THIS FORM HAS BEEN REVISED TO COMPLY WITH POSTAL REGULATIONS