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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000083258**1. Corporation Name

DESTIN SEAFOOD MARKET OF CRESTVIEW. INC.

Principal Plac	e of Business	Mailing Address		- I 10011001 110 10101 10111 00111 00111 00111 00111 00111 00111 00101 111	10 11301 01131 1911 1001
1260 S FERDON BLVD CRESTVIEW FL 32536 1260 S FERDON BLVD CRESTVIEW FL 32536				DO NOT WRITE IN THIS SPACE	
,				3. Date Incorporated or Qualifed	
				09/24/1998	_
⊢ .	Place of Business	2a. Mailing Address	م ماید اه	(4.) FEI Number 59 - 35 33173	Applied For
Suite Apt.	Maria	26 Suite, Apt. #, etc.)	glake Dr	- Tanana - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Not Applicable 75 Additional
22 Suite, Apr.	#, etc.	27 &	_	1 5 Contituets of Status Decired 1 1	ee Required
City & Sta	te	City & State		6. Election Campaign Financing	5.00 May Be
23		28 Destin FL			dded to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29 3254) 30	OKalossa	Personal Property Tax.	
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered Agent	<u> </u>
DES	TIN, REBECCA L		oi Name		
777 SPRING LAKE DR		82 Street Addre	ss (P.O. Box Number is Not Acceptable)		
	TIN FL 32541		83		
					7: 0-7
			84 City	FL ^{[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. 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 registered agen	t and title if applicable. (NOTE Regist	ered Agent signature required	when reinstating) DATE	
12.	OFFICERS AN	DIT (COTOTO	13.5	ADDITIONS/CHANGES TO OFFICERS AND DIF	
TITLE	D	☐ DELETE 1.	1 TITLE	□ C	hange [] Addition
NAME	DESTIN, REBECCA L	1	2 NAME		
STREET ADDRESS	777 SPRING LAKE DR		3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		4 CITY-ST-ZIP	ПС	hange Addition
TITLE	DESTIN, DEWEY E		2 NAME		
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NAME		3	.2 NAME	,	
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CITY-ST-ZIP		4		, <u></u>	hange 🔲 Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS		4 4 5 5 5 5 1 DELETE 6	3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS	•	hange

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 arm 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90139 039 ***150.00

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