

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90169 003 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 498780

1. Corporation Name
CLEARWATER RESTAURANTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**8910 PURDUE RD.
SUITE 315
INDIANAPOLIS IN 46268**

Mailing Address
**8910 PURDUE RD.
SUITE 315
INDIANAPOLIS IN 46268**

3. Date Incorporated or Qualified

03/11/1976

2. Principal Place of Business
21 8535-40 Baymeadows Rd.

2a. Mailing Address
26 8535-40 Baymeadows Rd

4. FEI Number
59-1691643

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State
23 Jacksonville, FL

City & State
28 Jacksonville, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country
24 32256 25 Duval

Zip Country
29 32256 30 Duval

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324~~

81 Name **Victor Jackson**

82 Street Address (P.O. Box Number is Not Acceptable)
8535-40 Baymeadows Rd.

84 City **Jacksonville**

85 Zip Code **FL 32256**

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 *Victor Jackson*
Signature, typed or printed name of registered agent and title if applicable.

Victor Jackson **4/29/99**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **PD ROULEAU, MARK**
STREET ADDRESS **8910 PURDUE RD., SUITE 315**
CITY-ST-ZIP **INDIANAPOLIS IN 46268**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **President/Director**
1.3 STREET ADDRESS **Victor Jackson**
1.4 CITY-ST-ZIP **8535-40 Baymeadows Rd.
Jacksonville, FL 32256**

TITLE ☒ DELETE
NAME **ST MEANS, FRED**
STREET ADDRESS **8910 PURDUE RD., SUITE 315**
CITY-ST-ZIP **INDIANAPOLIS IN 46268**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Sec/Treas/Director**
2.3 STREET ADDRESS **Dale Fish**
2.4 CITY-ST-ZIP **8535-40 Baymeadows Rd.
Jacksonville, FL 32256**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE:

Dale Fish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

Daytime Phone #

904-730-9322

CR2E034 (11/98)