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May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 690613 (5)

1. Corporation Name  
LEVEROCK'S SEAFOOD HOUSE, INC.



Principal Place of Business  
7000 U.S. 19 (PINELLAS PARK)  
P.O. BOX 66159  
ST. PETERSBURG FL 33736

Mailing Address  
7000 U.S. 19 (PINELLAS PARK)  
P.O. BOX 66159  
ST. PETERSBURG FL 33736-6159

3. Date Incorporated or Qualified 06/17/1981  
3a. Date of Last Report 05/02/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-2101576  
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENGLANDER, LEONARD S.  
6666-22ND AVENUE NORTH  
5959 CENTRAL AVENUE, SUITE 201  
ST. PETERSBURG FL 33710

81 Name

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

83

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME STROSS, JOHN E.  
STREET ADDRESS 54 COREY AVE.  
CITY-ST-ZIP ST. PETERSBURG BCH FL

11 TITLE CEO  
12 NAME Same  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE SDT  
NAME TAPPAN, RICHARD A.  
STREET ADDRESS 11185 9TH ST. E.  
CITY-ST-ZIP TREASURE ISLAND FL

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE VP  
NAME PHILLIPS, JOHN  
STREET ADDRESS 54 COREY AVENUE  
CITY-ST-ZIP ST PETERSBURG BCH FL

31 TITLE President  
32 NAME George Lewis  
33 STREET ADDRESS 54 Corey Ave.  
34 CITY-ST-ZIP St. Pete. Bch, FL 33706

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

84 May 97

813-367-5671

Date

Daytime Phone #

CR2E034 (9/96)