

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90114 001 *1,050.00

DOCUMENT # 690613

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1981

4. FEI Number

59-2101576

Applied For
Not Applicable

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

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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
P
LEWIS, GEORGE
STREET ADDRESS
54 COREY AVE
CITY-ST-ZIP
ST PETE BCH FL

TITLE ☐ DELETE

NAME
SRVP
PHILLIPS, JOHN
STREET ADDRESS
54 CPREY AVENUE
CITY-ST-ZIP
ST. PETERSBURG BEACH FL

TITLE ☐ DELETE

NAME
SRVP
CHANDLER, RICHARD
STREET ADDRESS
54 COERY AVENUE
CITY-ST-ZIP
ST. PETERSBURG BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2399

727-367-5671

CR2E034 (1/198)