

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90020 015 \*\*\*\*61.25

07-27-1999 90020 016 \*\*\*\*\*8.75

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 758651</b>			
1. Corporation Name <b>JOHN'S PASS SEAFOOD FESTIVAL, INC.</b>			
Principal Place of Business 150-128TH AVE W MADEIRA BCH FL 33708 US		Mailing Address 150-128TH AVE W MADEIRA BCH FL 33708 US	
2. Principal Place of Business 21 <b>150 JOHN'S PASS BOARDWALK W.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>150 JOHN'S PASS BOARDWALK W.</b> Suite, Apt. #, etc.	
22		27	
City & State 23 <b>MADEIRA BEACH FL</b>		City & State 28 <b>MADEIRA BEACH FL</b>	
Zip Country 24 <b>33708</b> 25 <b>US</b>		Zip Country 29 <b>33708</b> 30 <b>US</b>	
9. Name and Address of Current Registered Agent <b>MCDOLE, KATHLEEN H</b> <b>150-128TH AVE W</b> <b>MADEIRA BCH FL 33708</b>			
10. Name and Address of New Registered Agent 81 Name <b>MC DOLE, KATHLEEN H.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>150 JOHN'S PASS BOARDWALK W.</b> 83 84 City <b>MADEIRA BEACH FL</b> 85 Zip Code <b>33708</b>			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	
NAME	<b>MCDOLE, KATHLEEN H</b>		
STREET ADDRESS	<b>150-128TH AVE W</b>		
CITY-ST-ZIP	<b>MADEIRA BCH FL</b>		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	
NAME	<b>MCABEE, RONALD</b>		
STREET ADDRESS	<b>12901 VILLAGE BLVD</b>		
CITY-ST-ZIP	<b>MADEIRA BCH FL</b>		
TITLE	STD	<input checked="" type="checkbox"/> DELETE	
NAME	<b>LLOYD, JOANNE</b>		
STREET ADDRESS	<b>224 BOARDWALK PLACE</b>		
CITY-ST-ZIP	<b>MADEIRA BCH FL</b>		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	<b>MC DOLE, KATHLEEN H.</b>		
1.3 STREET ADDRESS	<b>150 JOHN'S PASS BOARDWALK W.</b>		
1.4 CITY-ST-ZIP	<b>MADEIRA BEACH FL 33708</b>		
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	<b>BROADERICK, TODD</b>		
2.3 STREET ADDRESS	<b>146 BOARDWALK PL E</b>		
2.4 CITY-ST-ZIP	<b>MADEIRA BEACH FL 33708</b>		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	<b>GREEN, RALPH</b>		
3.3 STREET ADDRESS	<b>176 JOHN'S PASS BOARDWALK W.</b>		
3.4 CITY-ST-ZIP	<b>MADEIRA BEACH FL 33708</b>		
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME	<b>LLOYD, JOANNE</b>		
4.3 STREET ADDRESS	<b>224 BOARDWALK PLACE E.</b>		
4.4 CITY-ST-ZIP	<b>MADEIRA BEACH FL 33708</b>		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: *Katherine Harris* **7-15-99** **727-398230**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #