FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 27 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F59113 (3)

1. Corporation Name
CRABPOT JAX BEACH, INC.

Principal Place of Business	Mailing Address
12 NORTH OCEANFRONT DRIVE JACKSONVILLE FL 32250	12 NORTH OCEANFRONT DRIVE JACKSONVILLE FL 32250

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/21/1981
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-2145021 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

COLLINS, WILLIAM J
129 NANDINA CIR.
JACKSONVILLE, FL
PONTE VEDRA BCH. FL 32082

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	1.1 TITLE	DVP	☐ Change ☒ Addition
NAME	CORDERO, WILLIAM W	1.2 NAME	LEE, NICHOLAS D	
STREET ADDRESS	4361 N DIXIE HWY	1.3 STREET ADDRESS	4715 MARSH HAMMOCK DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FLA 3223	
TITLE	DP	2.1 TITLE	DVP	☐ Change ☒ Addition
NAME	COLLINS, WILLIAM J	2.2 NAME	LEE, LISA A	
STREET ADDRESS	12 N OCEANFRONT DRIVE	2.3 STREET ADDRESS	4715 MARSH HAMMOCK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FLA 32223	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: WILLIAM S COLLINS 3-27-95 904-241-4188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP