

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F59113** (3)

1. Corporation Name
CRABPOT JAX BEACH, INC.



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

3. Date Incorporated or Qualified: **12/21/1981**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 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

10. Name and Address of New Registered Agent

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

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 in the capital letters. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LEE, NICHOLAS D.	
STREET ADDRESS	4715 MARSH HAMMOCK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LEE, LISA A.	
STREET ADDRESS	4715 MARCH HAMMOCK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
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		

1.1 TITLE	D/PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAM J. COLLINS	
1.3 STREET ADDRESS	129 NANDINA CIR.	
1.4 CITY-ST-ZIP	PONTE VEDRA BCH, FL. 32082	
2.1 TITLE	D/SEC TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WAYNE CORDERO	
2.3 STREET ADDRESS	3164 NE 31 AVE	
2.4 CITY-ST-ZIP	LIGHTHOUSE PT, FL. 32064	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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: *WJ Collins* **WJ COLLINS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 **904 241-4188**
DATE DATE OF FILING

CR2E034 (12/95)