

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 06 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/21/1981**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**COLLINS, WILLIAM J  
12 NORTH OCEANFRONT DRIVE  
JACKSONVILLE FL 32250**

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 **DVP  
LEE, NICHOLAS D**  
STREET ADDRESS **4715 MARSH HAMMOCK DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ DELETE

NAME **DVP  
LEE, LISA A**  
STREET ADDRESS **4715 MARSH HAMMOCK DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ DELETE

NAME **DP  
COLLINS, WILLIAM J**  
STREET ADDRESS **129 NANDINA CIR.**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE ☐ DELETE

NAME **DST  
CORDERO, WAYNE**  
STREET ADDRESS **3164 NE 31 AVE.**  
CITY-ST-ZIP **LIGHTHOUSE PT FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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.

SIGNATURE:

*WJ Collins*

4-27-98 (904) 241-4188

CR2E034 (10/97)