

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

0425993

DOCUMENT # **G35799**

1. Corporation Name

**LEVEROCK'S SEAFOOD HOUSE OF MADEIRA BEACH, INC.**

Principal Place of Business

**54 COREY AVE.  
PO BOX 66159  
ST.PETERSBURG BCH. FL 33736-3159**

Mailing Address

**54 COREY AVE.  
PO BOX 66159  
ST.PETERSBURG BCH. FL 33736-3159**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/26/1983**

4. FEI Number

**59-2297555**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	CEO	<input type="checkbox"/> DELETE
NAME	STROSS, JOHN E	
STREET ADDRESS	54 COREY AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	TAPPAN, RICHARD A	
STREET ADDRESS	11185 9TH ST E	
CITY-ST-ZIP	TREASURE ISL, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LEWIS, GEORGE E IV	
STREET ADDRESS	54 COREY AVENUE	
CITY-ST-ZIP	ST PETERSBURG BCH FL	
TITLE	SRVP	<input type="checkbox"/> DELETE
NAME	CHANDLER, RICHARD	
STREET ADDRESS	54 COREY AVE.	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL	
TITLE	SRVP	<input type="checkbox"/> DELETE
NAME	PHILLIPS, JOHN	
STREET ADDRESS	54 COREY AVE.	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

323-99

Date

727-367-5671

Daytime Phone #

CR2E034 (1/1/98)