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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G84951

(4)

CRACKER BOYS CRAB HOUSE & MARINA, INC.

Principal Place of Business	Mailing
4877 FRONT STREET	P.O. BO
PONCE INLET FL 32127	DAYTO

FILED Jan 26 1998 8:00am Secretary of State



Address 308 XC NA BEACH FL 32115 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/06/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2386253 26 Not Applicable Suite Apt # etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SNEAD, JEFFREY 3719 CHARLES ST. 82 Street Address (P.O. Box Number is Not Acceptable) **NEW SMYRNA BEACH FL 32168** 83 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE L Change SNEAD, JEFFREY Y NAME 1.2 NAME **CR2E034** 3719 CHARLES STREET STREET ADDRESS 1.3 STREET ADDRESS NEW SMYRNA BEACH FL 32168 CITY - ST - ZIP 1.4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE SAMUEL BELL NAME 2.2 NAME 101 BEVERLY TERRACE STREET ADDRESS 2.3 STREET ADDRESS DAYTONA BEACH FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE Change ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST- ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the Information supplied with this filling 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.

6.4 CITY-ST-ZIP

SIGNATURE

CITY - ST - ZIP

NGA/#RED

1.22-98 (904)760-7772