

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3: 23

DOCUMENT # J08207

(9)

1. Corporation Name

CRABBY BILL'S SEAFOOD, INC.

Principal Place of Business

877 EXECUTIVE CTR. DR. W. #303
ST. PETERSBURG FL 33702

Mailing Address

P.O. BOX 22086
ST. PETERSBURG FL 33742

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1986

3a. Date of Last Report

11/21/1994

4. FEI Number

59-2734971

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MASCARA, ERNEST L
877 EXECUTIVE CENTER DR. W.
SUITE 303
ST. PETERSBURG FL 33702

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

Ernest L. Mascara

February 9, 1995

Signature of officer or director of corporation and the registered agent

NOTE: Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

LODER, GEORGE W., JR.

STREET ADDRESS

5030 OAKLAWN LANE

CITY - ST - ZIP

MADERA BCH FL

TITLE

D

NAME

JENKINS, ELEANOR S.

STREET ADDRESS

5040 OAKLAWN LANE

CITY - ST - ZIP

MADERA BCH FL

TITLE

D

NAME

LODER, GEORGE W SR

STREET ADDRESS

5055 OAKLAWN LANE

CITY - ST - ZIP

MADERA BCH FL

TITLE

DT

NAME

WHITE, DOLORES A

STREET ADDRESS

5033 OAKLAWN LANE

CITY - ST - ZIP

MADERA BCH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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(1)(b), 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 my name and title appear in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

2/9/95

(813) 595-0041