

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
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90023 012 ***150.00

DOCUMENT # J78440

1. Corporation Name

HIMES SEAFOOD RESTAURANT, INC.

Principal Place of Business

% STEVE CORSETTI
2823 SANDPIPER PLACE
CLEARWATER FL 34622

Mailing Address

% STEVE CORSETTI
2823 SANDPIPER PLACE
CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1987

4. FEI Number

59-2818809

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

21 4521 107 Cir N

2a. Mailing Address

26 4521 107 Cir N

Suite, Apt. #, etc.

22 #2

Suite, Apt. #, etc.

27 #2

City & State

23 Clearwater FL

City & State

28 Clearwater FL

Zip

24 33762

Country

Zip

29 33762

Country

30

9. Name and Address of Current Registered Agent

CORSETTI, STEPHEN E
2823 SANDPIPER PLACE
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name

STEPHEN E. CORSETTI

82 Street Address (P.O. Box Number is Not Acceptable)

4521 107 Cir N #2

83

84 City

Clearwater

FL

85 Zip Code

33762

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 DST
NAME CORSETTI, STEVE
STREET ADDRESS 2823 SANDPIPER PLACE
CITY-ST-ZIP CLEARWATER FL
☐ DELETE

TITLE CP
NAME CORSETTI, AL
STREET ADDRESS 32 JEFFERSON CT
CITY-ST-ZIP ST PETE FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/31/98

727-573-5018

CR2E034 (11/98)