SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 25 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J88546** **(3)**

1. Corporation Name

BARNACLE PHIL'S HARBOR RESTAURANT, INC.

Principal Place of Business	Mailing Address
4401 PT HOUSE TRAIL UPPER CAPTIVA ISL P O BOX 579 PINELAND FL 33945	4401 PT HOUSE TRAIL UPPER CAPTIVA ISL P O BOX 579 PINELAND FL 33945

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/12/1987**
3a. Date of Last Report: **05/24/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **59-2832004** ☐ 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

9. Name and Address of Current Registered Agent

FINGERS, MARY KINSEY
1220 VESPER DRIVE
FT. MYERS FL 33901

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	KINSEY, PHILIP H., JR	12 NAME	SHIRLEY K. JACKSON	
STREET ADDRESS	2583 FIRST ST	13 STREET ADDRESS	1281 CALOOSA DR.	
CITY ST ZIP	FT. MYERS FL	14 CITY ST ZIP	FT. MYERS, FL	
TITLE	T	21 TITLE	T	☒ Change ☐ Addition
NAME	JACKSON, SHIRLEY K.	22 NAME	EVA K POWELL	
STREET ADDRESS	1281 CALOOSA DRIVE	23 STREET ADDRESS	2583 FIRST ST.	
CITY ST ZIP	FT. MYERS FL	24 CITY ST ZIP	FT. MYERS, FL	
TITLE	S	31 TITLE	S	☐ Change ☐ Addition
NAME	FINGER, MARY K.	32 NAME		
STREET ADDRESS	1220 VESPER DR	33 STREET ADDRESS		
CITY ST ZIP	FT. MYERS FL	34 CITY ST ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	DURHAM, NANCY K.	42 NAME	PHILIP H. KINSEY JR.	
STREET ADDRESS	6113 FORREST VILLAS CT.	43 STREET ADDRESS	2583 FIRST ST.	
CITY ST ZIP	FT. MYERS FL	44 CITY ST ZIP	FT. MYERS, FL	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	POWELL, EVA K.	52 NAME		
STREET ADDRESS	2583 FIRST ST.	53 STREET ADDRESS		
CITY ST ZIP	FT. MYERS FL	54 CITY ST ZIP		
TITLE	~~VP~~	61 TITLE	VP	☐ Change ☒ Addition
NAME	~~MARCIA~~	62 NAME	MARGARET BARRON	
STREET ADDRESS		63 STREET ADDRESS	P.O. BOX 2316	
CITY ST ZIP		64 CITY ST ZIP	PINELAND, FL 33945	

CR2E094 (3/95)

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(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: Eva Kinsey Powell 7/20/95 813 337-7996
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0162486 FP