

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

FILED

May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J88546 (3)

1. Corporation Name  
BARNACLE PHIL'S HARBOR RESTAURANT, INC.

Principal Place of Business  
4401 PT HOUSE TRAIL, UPPER CAPTIVA ISL  
P O BOX 578  
PINELAND FL 33945

Mailing Address  
4401 PT HOUSE TRAIL, UPPER CAPTIVA ISL  
P O BOX 578  
PINELAND FL 33945-0579



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 2583 FIRST ST.

Suite, Apt. #, etc.

27 City & State

28 FORT MYERS, FL

29 Zip Country

30 33901

3. Date Incorporated or Qualified  
08/12/1987

3a. Date of Last Report  
08/07/1996

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

FINGER, 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

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 P ☐ DELETE  
NAME DURHAM, NANCY KINSEY  
STREET ADDRESS 6113 FORREST VILLAS COURT  
CITY- ST- ZIP FT MYERS FL

TITLE T ☐ DELETE  
NAME POWELL, EVA K  
STREET ADDRESS 2583 FIRST ST  
CITY- ST- ZIP FT MYERS FL

TITLE S ☐ DELETE  
NAME JACKSON, SHIRLEY  
STREET ADDRESS 1220 VESPAR DRIVE  
CITY- ST- ZIP FT. MYERS FL

TITLE D ☐ DELETE  
NAME DURHAM, NANCY K.  
STREET ADDRESS 6113 FORREST VILLAS CT.  
CITY- ST- ZIP FT. MYERS FL

TITLE D ☐ DELETE  
NAME POWELL, EVA K.  
STREET ADDRESS 2583 FIRST ST.  
CITY- ST- ZIP FT. MYERS FL

TITLE D ☐ DELETE  
NAME KINSEY, PHILIP  
STREET ADDRESS 8583 FIRST STREET  
CITY- ST- ZIP FORT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

*Eva Kinsey Powell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 941-337-7996  
Date Daytime Phone #

CR2E034 (9/96)