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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
4401 PT House Trail Upper Captiva Isl PO Box 579 Pineland FL 33945	2583 First Street Fort Myers, FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1987

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Durham, Nancy Kinsey		1.2 NAME		
STREET ADDRESS	6113 Forrest Villas Court		1.3 STREET ADDRESS		
CITY-ST-ZIP	Ft Myers FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Powell, Even K		2.2 NAME		
STREET ADDRESS	2583 First Street		2.3 STREET ADDRESS		
CITY-ST-ZIP	Ft Myers FL		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Jackson, Shirley		3.2 NAME		
STREET ADDRESS	1220 Vespar Drive		3.3 STREET ADDRESS		
CITY-ST-ZIP	Ft Myers FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Durham, Nancy K.		4.2 NAME		
STREET ADDRESS	6113 Forrest Villas Ct.		4.3 STREET ADDRESS		
CITY-ST-ZIP	Ft. Myers FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Powell, Even K.		5.2 NAME		
STREET ADDRESS	2583 First St.		5.3 STREET ADDRESS		
CITY-ST-ZIP	Ft Myers FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	Kinsey, Philip		6.2 NAME	900025364559	
STREET ADDRESS	8583 First Street		6.3 STREET ADDRESS	-05/27/98--01046--001	
CITY-ST-ZIP	Fort Myers FL		6.4 CITY-ST-ZIP	***150.00	

525
527

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.

SIGNATURE: Even K Powell 4 | 30 | 98 1-941-337-7996