

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
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90052 039 ***150.00

DOCUMENT # K72490

1. Corporation Name

ST. JOHN'S SEAFOOD & OYSTER BAR #2, INC.

Principal Place of Business

7001-42 MERRILL RD
JACKSONVILLE FL 32277
US

Mailing Address

2932 ALVARADO AVE
JACKSONVILLE FL 32217-2711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1989

4. FEI Number

59-2940913

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 2443 Saragossa Ave

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30 Duval

9. Name and Address of Current Registered Agent

AKEL, DANIEL D.
2301 INDEPENDENT SQUARE
ONE INDEPENDENT DR.
JACKSONVILLE FL 32202

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 DP ☒ DELETE

NAME RUKAB, LILA
STREET ADDRESS 2932 ALVARADO AVE.
CITY-ST-ZIP JACKSONVILLE FL

TITLE DV ☒ DELETE

NAME RUKAB, MAURICE
STREET ADDRESS 2932 ALVARADO AVE.
CITY-ST-ZIP JACKSONVILLE FL

TITLE T ☐ DELETE

NAME RUKAB, ROBERT
STREET ADDRESS 2443 SARAGOSSA AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ DELETE

NAME RUKAB, LORI
STREET ADDRESS 9434 GENNA TRACE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 Rukab, Robert
3.3 STREET ADDRESS 2443 Saragossa Ave
3.4 CITY-ST-ZIP Jacksonville, FL 32217

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Rukab, Lori
4.3 STREET ADDRESS 9434 Genna trace
4.4 CITY-ST-ZIP Jacksonville, FL 32216

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME muna Farah
5.3 STREET ADDRESS 3040 Kesler Dr.
5.4 CITY-ST-ZIP Jacksonville, FL 32216

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Greg Farah
6.3 STREET ADDRESS 3040 Kesler Dr.
6.4 CITY-ST-ZIP Jacksonville, FL 32216

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: Robert Rukab

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/99

(904)-378-5050

Daytime Phone #

CR2E034 (11/98)