

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

DOCUMENT # K92029

1. Corporation Name

LEVEROCK'S SEAFOOD HOUSE OF PERICO, INC.

Principal Place of Business

54 COREY AVENUE
P. O. BOX 66159
ST PETERSBURG FL 33736-3159

Mailing Address

54 COREY AVENUE
P. O. BOX 66159
ST PETERSBURG FL 33736-3159

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90114 001 *1,050.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1989

4. FEI Number

65-0177084

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

ENGLANDER, LEONARD S.
6666-22ND AVENUE NORTH
5959 CENTRAL AVENUE, SUITE 201
ST. PETERSBURG FL 33710

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	CEO	<input type="checkbox"/> DELETE
NAME	STROSS, JOHN E.	
STREET ADDRESS	54 COREY AVENUE	
CITY-ST-ZIP	ST PETERSBURG BCH FL 33736	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	TAPPAN, RICHARD T.	
STREET ADDRESS	54 COREY AVENUE	
CITY-ST-ZIP	ST PETERSBURG BCH FL 33736	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LEWIS, GEORGE	
STREET ADDRESS	54 COREY AVE	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33736	
TITLE	SRVP	<input type="checkbox"/> DELETE
NAME	PHILLIPS, JOHN	
STREET ADDRESS	54 COREY AVE	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33736	
TITLE	SRVP	<input type="checkbox"/> DELETE
NAME	CHANDLER, RICHARD	
STREET ADDRESS	54 COREY AVE	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33736	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

3-23-99

Date

727-367-5671

Daytime Phone #

CR2E034 (11/98)