


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003263 (7)**
1. Corporation Name

MAYPORT/FORT GEORGE SEAFOOD FESTIVAL, INC.



Principal Place of Business 4636 RIBAUT PARK ST. MAYPORT FL 32233	Mailing Address 4636 RIBAUT PARK ST. MAYPORT FL 32233
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3. Date Incorporated or Qualified
06/04/1997

4. FEI Number 59-3457143	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

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

10. Name and Address of New Registered Agent

**FISHER, DAVID J
4636 RIBAUT PARK ST.
MAYPORT FL 32233**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, DAVID J	1.2 NAME	
STREET ADDRESS	4636 RIBAUT PARK ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAYPORT FL 32233	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, ELIZABETH	2.2 NAME	SPENCER, MARIE
STREET ADDRESS	5400 CEDAR POINT RD.	2.3 STREET ADDRESS	4411 APOLO DR
CITY-ST-ZIP	JACKSONVILLE FL 32226	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32226
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEYMOUR, MICHAEL	3.2 NAME	NEWELL, Mc FADDEN A.
STREET ADDRESS	8500 HECKSCHER DR.	3.3 STREET ADDRESS	1305 PALMER ST.
CITY-ST-ZIP	JACKSONVILLE FL 32226	3.4 CITY-ST-ZIP	MAYPORT, FL 32233
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MADELINE	4.2 NAME	
STREET ADDRESS	9209 FREDERICK ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32226	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILHELM, DEAN II	5.2 NAME	Bostwick, William C. Jr
STREET ADDRESS	4772 SAFE HARBOR WAY	5.3 STREET ADDRESS	1031 Ocean Blvd.
CITY-ST-ZIP	JACKSONVILLE FL 32226	5.4 CITY-ST-ZIP	Atlantic Beach, FL 32233
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENWELL, TYLER III	6.2 NAME	
STREET ADDRESS	1412 PALMER ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MAYPORT FL 32233	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David J. Fisher **DAVID J. FISHER**

1-10-98

904-248-9336

CH2E037 (10/97)