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Jan 21, 1999 8:00am  
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000003263

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/04/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-3457143

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME FISHER, DAVID J  
STREET ADDRESS 4636 RIBAUT PARK ST.  
CITY-ST-ZIP MAYPORT FL 32233

1.1 TITLE

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME NEWELL, MCFADDEN  
STREET ADDRESS 1305 PALMER ST  
CITY-ST-ZIP MAYPORT FL 32233

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME REED, MADELINE  
STREET ADDRESS 9209 FREDERICK ST.  
CITY-ST-ZIP JACKSONVILLE FL 32226

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BOSTWICK, WILLIAM C JR  
STREET ADDRESS 1031 OCEAN BLVD  
CITY-ST-ZIP ATLANTIC BCH FL 32233

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE D ☐ DELETE

NAME GREENWELL, TYLER III  
STREET ADDRESS 1412 PALMER ST.  
CITY-ST-ZIP MAYPORT FL 32233

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-99

904-249-9336

CR2E037 (1/98)