

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL 14 AM 11:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000093111 (0)

1. Corporation Name

GENE'S SEAFOOD, INC.

Principal Place of Business

6132 MERRILL RD
JACKSONVILLE FL 32211

Mailing Address

6132 MERRILL RD
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/23/1994

3a. Date of Last Report

N/A

4. FEI Number

59-3285037

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

RADY, MITCHELL J
6132 MERRILL RD
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name

VIRGINIA B. HOLTZ

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

1602 No THIRD ST

83

84 City

JACKSONVILLE BEACH

FL

85 Zip Code

32250

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

Virginia B. Holtz

(NOTE: Registered Agent signature not valid when translating)

DATE

6-30-95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT

☐ Change ☐ Addition

1.2 NAME

MOSES RADY

1.3 STREET ADDRESS

1314 BIG TREE RD.

1.4 CITY - ST - ZIP

NEPTUNE BEACH, FL. 32266

2.1 TITLE

VST

☐ Change ☐ Addition

2.2 NAME

MITCHELL J. RADY

2.3 STREET ADDRESS

1721 SEABREEZE AVE

2.4 CITY - ST - ZIP

JACKSONVILLE BEACH, FL 32250

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Mitchell J. Rady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

6-30-95

Daytime Phone #