## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P95000052415

CAPTAIN DAVE'S SEAFOOD, INC.

## **FILED** Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90024 028 \*\*\*550.00



Mailing Address					I TEBLIEBE LIGHT BILL BEILL BRILL BR		11001 0111 1001	
Principal Place		Mailing Address						
75 WEST BAYA		75 WEST BAYA AVENUE						
LAKE CITY FL 32025		LAKE CITY FL 32025		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
					07/03/1995			
2. Principal Pla	ace of Business	2a. Mailing Address					plied For	
21		26		59-3404768	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	ertificate of Status Desired \$8.75 Additional		
22		27			5. Certificate of citates position	Fee Re	<del></del>	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees		
23		28			Trust Fund Contribution		to Fees	
Zip Country		Zip Country			8. This corporation owes the current year	_	rati.	
24	25	29	30	<del></del> .	Personal Property Tax.	☐ Yes	No	
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New Registere	,		
SPARKMAN, DONNA				or pame	Llong spark	ema		
	/est baya avënue			82 Street A	dress (P.O. Box Number is Not Acceptable)	,		
				R	+ 2 BOX 4037	<u> </u>		
LAKE CITY FL 32025				83	ake City F-1A			
				84 City	•	85 Zip	Code	
						L 3	א רסג	
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statuti	es, the a	bove-named co	orporation submits this statement for the purpose	of changing its pointment as re	registerea gistered	
agent. I ar	m familiar with, and accept the obliga	ation of, Section 607.0505, Flo	rida Stat	utes.	ation's board of directors. I hereby accept the applications	-60	-	
SIGNATURE	(Vyorna)	a parker	w		3-73	77		
	dra dre, typed or printed name of registered age			Agent signature req	OATE  ADDITIONS/CHANCES TO OFFICERS	AND DIRECTO	NDS IN 12	
12.	. <u></u>	ND DIRECTORS  ☐ DELETE	13.	ne	ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	PD CDADWAAAL DOWNA	□ pereis	1	1		_ *30		
NAME	SPARKMAN, DONNA		1.2 N					
STREET ADDRESS	75 WEST BAYA AVENUE			TREET ADDRESS				
CITY-ST-ZIP	LAKE CITY FL	DELETE	_	ITY-ST-ZIP		☐ Change	☐ Addition	
TITLE	D DODEDOON DOMONA	PUELEIE	2.1 TI			onlonge		
NAME	ROBERSON, ROMONA		2.2 N					
STREET ADDRESS	75 WEST BAYA AVENUE	_	1	TREET ADDRESS				
CITY-ST-ZIP	LAKE CITY FL 32025			CITY-ST-ZIP		Change	Addition	
TITLE	0	DELETE	3.1 T	)		□ cuange		
NAME	ROBERSON, RAMONA	-	3.2 N					
STREET ADDRESS	75 WEST BAYA AVENUE		3.3 S	TREET ADDRESS				
CITY-ST-ZIP	LAKE CITY FL 32025		_	ITY-ST-ZIP		Chapter	☐ Addition	
TITLE		☐ DELETE	4.1 TI	ITLE		Change	☐ Addition	
NAME			4.21	AME				
STREET ADDRESS			4.3 S	TREET ADDRESS				
CITY-ST-ZIP			44C	ITY-ST-ZIP				
TITLE		☐ DELETE	5.1 T	1		☐ Change	☐ Addition	
NAME			52 N	IAME				
STREET ADDRESS			5.3 S	TREET ADDRESS				
CITY-ST-ZIP			5.4 C	ITY-ST-ZIP				
TITLE		DELETE	6.1 T	MLE		☐ Change	☐ Addition	
NAME			6.2 N	IAME				
STREET ADDRESS			6.3 S	TREET ADDRESS				
CITY-ST-ZIP			6.4 C	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 on an attachment with an appress, with all other like empowered.

SIGNATURE: