

5-1-97 B-6045 C
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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000061400 (4)

1. Corporation Name
TSUNAMI'S OF JACKSONVILLE, INC.

Principal Place of Business
2309 BEACH BLVD
JACKSONVILLE BEACH FL 32250

Mailing Address
2309 BEACH BLVD
JACKSONVILLE BEACH FL 32250-2654



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

08/09/1995

3a. Date of Last Report

09/24/1996

4. FEI Number

59-3329681

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

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

WOLF, JAMES P
2309 BEACH BLVD
JACKSONVILLE BEACH FL 32250

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
WOLF, JAMES P
2309 BEACH BLVD
JACKSONVILLE BEACH FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
WOLF, DEBORAH G
2309 BEACH BLVD
JACKSONVILLE BEACH FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MERRIAM, GARY
2309 BEACH BLVD
JACKSONVILLE BEACH FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MILLER, JEFFERY
2309 BEACH BLVD
JACKSONVILLE BEACH FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SIMMS, JOHN D
2309 BEACH BLVD
JACKSONVILLE BEACH FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DUNCAN, ROBERT
2309 BEACH BLVD
JACKSONVILLE BEACH FL 32250

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES P. WOLF DIR.

4/21/97 904 849 6440

Date Daytime Phone #

CR2E034 (9/96)