

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90025 011 \*\*\*150.00

DOCUMENT # P95000061400

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1995

4. FEI Number

59-3529681

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 owes the current year intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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 William E. Doyle Esquire  
82 Street Address (P.O. Box Number is Not Acceptable)  
1301 Riverplace Blvd.  
83 Suite 2600  
84 City Jacksonville FL 85 Zip Code 32207

11. Pursuant to the provisions of Sections 607.0501 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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Patrick Singletary May-26-99

12. OFFICERS AND DIRECTORS

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

☒ DELETE

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

☒ DELETE

TITLE D  
NAME SINGLETARY, PATRICK M  
STREET ADDRESS 13613 MARSH HARBOUR DRIVE, NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32225

☐ DELETE

TITLE D  
NAME ADEEB, DAVID K  
STREET ADDRESS 2245 EAGLES NEST ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32246

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☒ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 607, 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 #

David Adeeb V.P. 4-26-99 904-759-6945

CR2E034 (11/98)