

pg 194

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1999. 2000  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$50)

PROFIT  
CORPORATION  
ANNUAL REPORT

1999-2000



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

DOCUMENT # P96000088600

1. Corporation Name

THE SOUTHERN SHARK, INC.

Principal Place of Business

507 S FLETCHER AVE  
FERNANDINA BEACH FL 32034

Mailing Address

507 S FLETCHER AVE  
FERNANDINA BEACH FL 32034

2. Principal Place of Business

2a. Mailing Address

26 1250 6th ST

Suite, Apt. #, etc.

27

City &amp; State

28 FERNANDINA BEACH

Zip

Country

25

29 32034

30 FLASSAU

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

10/28/1996

4. FEI Number

59-3407223

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation owes the current year  
Intangible Personal Property.

Yes

No

10. Name and Address of New Registered Agent

81 Name

CHARLES COURSON

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

1250 6th ST

83

84 City

FERNANDINA BEACH FL

85

Zip Code

32034

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/2000  
DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

DPST

DELETE

1.2 NAME

COURSON, DEREK

1.3 STREET ADDRESS

507 S FLETCHER AVE

1.4 CITY-ST-ZIP

FERNANDINA BEACH FL 32034

2.1 TITLE

DELETE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

DELETE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change

Addition

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

3000003372189--6  
-08/24/00--01051--018\*\*\*150.00 \*\*\*150.00  
Change Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)



pg 2 of 4

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 14, 2000

THE SOUTHERN SHARK, INC.  
12 SO. 6TH ST  
FERNANDINA BEACH, FL 32034

SUBJECT: THE SOUTHERN SHARK, INC. 2nd notice 99 ar  
Ref. Number: P96000088600

We have received your document for THE SOUTHERN SHARK, INC. 2nd notice 99 ar and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

You failed to make the correction(s) requested in our previous letter.

There is a balance due of \$750.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Stacy Prather  
Document Specialist

Letter Number: 800A00038784

STACY AS FAR AS I KNOW I HAVE  
COMPLIED WITH THE RULES.

HOW DO I APPEAL THIS MATTER -  
IN 1999 I SPOKE TO SOMEONE AND  
THEY SAID TO SIGN AND SEND IT BACK IN,  
I HAVE NO WAY OF KNOWING WHAT HAPPENED  
TO THAT.

YOU TOOK MY CHECK - I COMPLIED WITH WHAT  
WAS TOLD ME TO DO SO NOW WHAT.

WE ARE JUST A MOM 3 POP OPERATION - NO BIG STAFF  
GIVE US A BREAK WILL YOU - PLEASE

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



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

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\$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

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2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/1999

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/99

0018973

CR2E034 (11/98)