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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000079473 (9) DOCUMENT #

GENE'S SEAFOOD WEST, INC.

FILED May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
7457 #6 103 STREET 7457 #6 103 STREET						
JACKSONVILL	E FL 32210	JACKSONVILLE FL 3	JACKSONVILLE FL 32210			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						09/12/1997
2. Principal P	lace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number Applied For
21		26				59-346 53 13 Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		City R City				Fee Hequired
City & State	6	City & State				6. Election Campaign Financing \$5.00 May Be
Zip	Country					Trust Fund Contribution
24	25	29	30	¬ '		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
[67]	9. Name and Address of Curr	· • • • • • • • • • • • • • • • • • • •	130	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		10. Name and Address of New Registered Agent
RA	DY, MITCHELL J			81	Name	
	57 #6 103 STREET		-	82	Ctroot A	ddress (P.O. Box Number is Not Acceptable)
	CKSONVILLE FL 32210			۵۲	SHEELAG	idless (P.O. Box Number is Not Acceptable)
·				83		
			ľ	84	City	85 Zip Code
dd Director	to the	(00 007 4600 Fi 01	-1 .1 th			FL 8 20 COOR
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 typoid or printed non-e-of registered agent and title if applicable [NOTE Registered Agent signature required when reinstating) DATE						
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELETE	1.1 TIT	ιF		P ☐ Change ☑ Addition
NAME			1.2 NAME			MITCHELL J. RADY
STREET ADORESS	DORESS		1.3 STREET ADDRESS		ADDRESS	1721 SEABREEZE AVE.
CITY-ST-ZIP			1.4 CiT		Γ- ŽIP 🕳	AX BEACH, FC. 32250
TITLE		☐ DELETE 2				Change ☑ Addition
NAME	1 **-		22 NA			THOMAS L. RADY
STREET ADDRESS						411 DAVIS DT.
CITY-ST-ZIP TITLE						SIT BEACH Fr. 32266
NAME			3.1 TITI 3.2 NA			S/T LI Change & Addition NICHARL P. CHAYIS
STREET ADDRESS					ADDRESS /	521 PINE ST.
CITY-ST-ZIP			3.4. Ci1			NEPTUNE BEACH, FL. 32266
TITLE		DELETE 4.			1- ZIF	Change Addition
NAME			4. 2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4.4 CIT	Y-SI	r- ZIP	
TITLE			5.1 T(T)			Change Addition
NAME			5.2 NAI	ME		
STREET ADDRESS			5 3 STF	REET	ADORESS	
CITY-ST-ZIP	·		5.4 CIT	Y-SI	- ZIP	
TITLE		DELETE	6.1 TIT	LE		☐ Change ☐ Addition
NAME			6.2 NA	NE		
STREET ADDRESS			6.3 STF	REET	ADDRESS	
CITY-ST-ZIP			6.4 CIT			
 14. I hereby c 	certify that the information supplied	with this filing does not quali	ify for the exe	mpt	ion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information

accurate and that my signature shall have the same legal effect as if made under oath; that I am an to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of the Block 12 or Block 13 if changed a pri an