1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P97000097215**1. Corporation Name

ISLANDS FISH GRILL, CO.

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90153 040 \*\*\*150.00



| Principal Place of Business Mailing Address                  |  |  |                                   |                            | ( INCHES INC. (SAIL SAIL SAIL SAIL SAIL SAIL SAIL SAIL  |                      | ••••••       |
|--|--|--|-----------------------------------|----------------------------|---|----------------------|--------------|
| 111 5TH AVE. 111 5TH AVE.                                    |  |  |                                   |                            |   |                      |              |
| INDIALANTIC FL 32903 INDIALANTIC FL 32903                    |  |  | 13                                |                            | DO NOT WRITE IN THIS SPACE  |                      |              |
|  |  |  |                                   |                            |   | HIS SPACE            |              |
|  |  |  |                                   |                            | 3. Date Incorporated or Qualifed 11/10/1997   |                      | į            |
| O Division Address   |  |  |                                   |                            | 4. FEI Number   | Ann                  | lied For     |
| 2. Principal Place of Business 2a. Mailing Address 25 5000 N |  |  | NAIF                              | <b>F</b>                   | 59-3479041  | <del> </del>         | Applicable   |
| 21 ピ <u>み /</u>  |  | 26 Suite, Apt. #, etc                              |                                   |                            |   | \$8.75 Ad            |              |
| Suite, Apt.  | #, etc.  | 27 # 107   | i<br>                             |                            | 5. Certificate of Status Desired  | Fee Req              |              |
| City & State   | ·  | City & State                                       | Bead                              | h 74                       | Election Campaign Financing  Trust Fund Contribution  | \$5:00 M<br>Added to | 1            |
| Zio 7  | Country Country  | Zip _  | Cou                               |                            | 8. This corporation owes the current year   | r Intangible         |              |
| <b>24</b> 349  | 50 25 St. Lucie  | 32963  | 30 11                             | dan Pu                     | Personal Property Tax.  |                      | ĭ No         |
| <u> </u>   | 9. Name and Address of Current   |  |                                   |                            | 10. Name and Address of New Registe   | red Agent            |              |
| <del></del>  |  |  |                                   | 81 Name                    |   |                      |              |
| JONES, RICHARD 0   |  |  |                                   |                            | dress (P.O. Box Number is Not Acceptable)   |                      |              |
| 1250 W. EAU GALLIE BLVD., STE. J                             |  |  |                                   |                            | ess (P.O. Box Number is Not Acceptable)   |                      |              |
| MELBOURNE FL 32935   |  |  |                                   | 83                         |   |                      |              |
|  |  |  |                                   | -                          |   | 85 Zip Ci            |              |
|  | •  |  |                                   | 84 City                    |   | FL 85 Zip Ci         | ode          |
| office or r  | egistered agent, or both, in the State on the state of the colligation of the colline of th | of Florida, Such change violes of, Section 607.050 | vas autnonzeo<br>5, Florida Stati | i by the corporal<br>utes. | rporation submits this statement for the purpos<br>tion's board of directors. I hereby accept the a | ppointment as regi   | Stered .     |
|  | Signature, typed or printed name of registered agent   | <u>`</u>   | <u>`</u>                          | Agent signature requi      | ADDITIONS/CHANGES TO OFFICER  |                      | 9S IN 12     |
| 12.  | OFFICERS ANI   | D DIRECTORS  | 13.                               |                            | ADDITIONS/CHANGES TO OFFICER  | Change               | S IN 12      |
| TITLE  | DP ICHINGON ICHINICED  | □ DELE   |                                   |                            |   | <b>J</b> onongo      |              |
| NAME   | JOHNSON, JENNIFER  |  | 1.2 N                             |                            | 5000 MAIA #107  |                      |              |
| STREET ADDRESS   | 111 5TH AVE.   |  | (                                 | REET ADDRESS               | Man Quach of  | 22963                |              |
| CITY-ST-ZIP  | INDIALANTIC FL 32903   |  |                                   | TY-ST-ZIP                  | KEED BENCIL 4   | Change               | [ ] Addition |
| TITLE  | DST  | ☐ DELE   |                                   |                            |   | Change               | [] Addison   |
| NAME   | GREENWOOD, IAN   |  | 2.2 N                             |                            | 5000 NAIA #10   | 7                    |              |
| STREET ADDRESS   | 111 5TH AVE.   |  | 11                                | REET ADDRESS               | Mon Brank of 3  | 00/2                 | }            |
| - CITY-ST-ZIP  | INDIALANTIC FL 32903   |  |                                   | ITY-ST-ZIP                 | VERO LEGIST 4 3   | ☐ Change             | Addition     |
| TITLE  | * * **   | · DELE   |                                   | i                          | · · ·   | . □ Cuanda           |              |
| NAME .   | ,  |  | 3.2 N                             | 1                          |   |                      |              |
| STREET ADDRESS   | •  |  |                                   | REET ADDRESS               |   |                      |              |
| CITY-ST-ZIP  |  |  | _                                 | ITY-ST-ZIP                 |   | Change               | Addition     |
| TITLE  |  | · DELE   |                                   |                            |   | ☐ Criange            |              |
| NAME   |  |  | 4.2N                              |                            |   |                      |              |
| STREET ADDRESS   |  |  |                                   | REET ADDRESS               |   |                      |              |
| CITY-ST-ZIP  |  |  |                                   | TY-ST-ZIP                  |   | ☐ Change             | Addition     |
| TITLE  |  | ☐ DELE   |                                   |                            |   |                      |              |
| NAME   |  |  | 5.2 N                             | ļ                          |   |                      |              |
| STREET ADDRESS   |  |  |                                   | TREET ADDRESS              |   |                      | }            |
| CITY-ST-ZIP  |  |  |                                   | TY-ST-ZIP                  |   | Change               | ☐ Addition   |
| TITLE  |  | ☐ DELE   |                                   | 1                          |   | ☐ Change             | ☐ Addition   |
| NAME   |  |  | 6.2 N                             | 1                          |   |                      |              |
| STREET ADDRESS   |  |  |                                   | TREET ADDRESS              |   |                      |              |
|  |  |  | 64 C                              | TY-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, or on an attachment with an address, with all other like empowered.

SIGNATURE: