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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P97000099643**

1. Corporation Name

INDIAN RIVER SEAFOOD, INC.

Principal Place of Business

**763 SW ALTON CIRCLE
PORT ST LUCIE FL 34953**

Mailing Address

**763 SW ALTON CIRCLE
PORT ST LUCIE FL 34953**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1997

4. FEI Number

65-0795088

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

21 871 N.E. Dixie Hwy

2a. Mailing Address

26 763 S.W. Alton Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 7

27

City & State

23 Rio-Jensen, FL

City & State

28 Port St. Lucie, FL

Zip Country

24 34957 25 USA

Zip Country

29 34953 30 USA

9. Name and Address of Current Registered Agent

**CHUSTZ, KENNETH
763 SW ALTON CIRCLE
PORT ST LUCIE FL 34953**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D CHUSTZ, KENNETH J**
STREET ADDRESS **763 SW ALTON CIRCLE**
CITY-ST-ZIP **PORT ST LUCIE FL 34953**

TITLE ☐ DELETE
NAME **D HEATH, RICHARD D JR**
STREET ADDRESS **191 SEALION DRIVE**
CITY-ST-ZIP **PORT ST LUCIE FL 34953**

TITLE ☐ DELETE
NAME **S/T Chustz, Catherine H.**
STREET ADDRESS **763 S.W. Alton Cir**
CITY-ST-ZIP **Port St. Lucie, FL. 34953**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D/P Chustz, Kenneth J.**
1.3 STREET ADDRESS **763 S.W. Alton Circle**
1.4 CITY-ST-ZIP **Port St Lucie, FL. 34953**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D/V Heath, Richard D. Jr.**
2.3 STREET ADDRESS **2757 Eagle Dr**
2.4 CITY-ST-ZIP **Port St Lucie, FL. 34984**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **S/T Chustz, Catherine H.**
3.3 STREET ADDRESS **763 S.W. Alton Circle**
3.4 CITY-ST-ZIP **Port St. Lucie, FL. 34953**

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

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 #

CR2E034 (1/1/98)