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

DOCUMENT # P98000010361 1. Corporation Name

GENE'S SEAFOOD OF LAKEWOOD, INC.

Principal Place of Business 1571 UNIVERSITY BLVD. W. #395 Mailing Address

1571 UNIVERSITY BLVD. W. #395 JACKSONVILLE FL 32217

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90149 025 ***150.00



JACKSONVILLE FL 3221	JACKSONVILLE FL 32217	CKSONVILLE FL 32217			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		
						01/30/1998		
2. Principal Place of E	Business	2a. Mailing Address				4. FEI Number	Applied For	
21 26						59-3490157	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				E Contiferate of Status Designed \$8.	75 Additional e Required	
22		City & State						
City & State	_	28 City & State	_				.00 May Be ded to Fees	
Zip	Country	Zip	Coul	ntry		8. This corporation owes the current year Intangible		
24	25		30			Personal Property Tax. Yes	<u>√</u> 2No	
9. N	ame and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Agent	_	
DADY MITC	ישכוו ו			91	Name			
RADY, MITCHELL J 1571 UNIVERSITY BLVD. W. #395 JACKSONVILLE FL 32217				82 Street Add		tdress (P.O. Box Number is Not Acceptable)		
				02				
JACKSONV	ILLE FL 32211			83				
				84	City	FL 85	Zip Code	
11. Pursuant to the prooffice or registere	rovisions of Sections 607.0502 d agent, or both, in the State of ar with, and accept the obligation	and 607.1508, Florida Statute Florida, Such change was at ons of, Section 607.0505, Flor	es, the all uthorized ida Statu	oove by t	-named cor the corporat	orporation submits this statement for the purpose of changination's board of directors. I hereby accept the appointment a	g its registered as registered	
SIGNATURE								
Signature,	typed or printed name of registered agent		Registered	Agent	t signature requi	ured when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE PR	E5	☐ DELETE	1.1 TH			☐ Cha	ange	
NAME R	MOY MITCHE	٧	1.2 NA	ME				
STREET ADDRESS -	12-1 SEABREEZE	. Hv -	1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	MOU MITCHE 13-1 'SEABREEZE VAX BCH, FL LOY THAMAS II DAVES ST	- 3225	1.4 CI		-ZIP	Fig.	ange	
	104 THOMAS	☐ DELETE	2.1 TIT			☐ Cha	inge [] Addition	
NAME /Z/	1 DAVES ST		2.2 NA	•				
STREET ADDRESS) A / [7			ADDRESS			
CITY-ST-ZIP	PER BLH. FL HAVIS M. PAU I PINE ST ER BLIT, FL	DELETE	2. 4 C		T-ZîP	[] Cha	ange Addition	
TITLE ST		☐ DEFEIE	3.1 TIT			Che	inge	
NAME Ct	HAUIS M. Price	_	32 NA					
STREET ADDRESS	I PINE JT	••• · · ·			ADDRESS			
CiTY-ST-ZIP	EP BLIT, I-L	32266	3.4. CI		T-ZIP	☐ Cha	ange Addition	
		☐ DELÉTE	4.1 111					
NAME			4.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CF		-ZIP		ange Addition	
TITLE		[] DELETE	5.1 TIT 5.2 NA				n.a. □ \understandin	
NAME					ADDRESS			
STREET ADDRESS			1		1			
CITY-ST-ZIP		[] DELETE	5.4 Cf 6.1 Tf		-ZIP	□ Cha	ange Addition	
TITLE		☐ DELETE					iiligo 🔲 Mudaladii	
NAME			6.2 NA		4D0D500			
STREET ADDRESS			_	_	ADDRESS			
CITY-ST-ZIP			6.4·Q1	TY-ST	ZIP			

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 14. I hereby certify that the information supplied with indicated on this annual report or supplemental officer or director of the corporation of the record Block 12 or Block 13 if changed, or on an analysis of the record and my signature shall have the same legal effect as if made under oath; that I am an report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

4-30-99