

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

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

05-06-1999 90149 025 \*\*\*150.00

DOCUMENT # P98000010361

1. Corporation Name

GENE'S SEAFOOD OF LAKEWOOD, INC.

Principal Place of Business

1571 UNIVERSITY BLVD. W. #395  
JACKSONVILLE FL 32217

Mailing Address

1571 UNIVERSITY BLVD. W. #395  
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1998

4. FEI Number

59-3490157

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

9. Name and Address of Current Registered Agent

RADY, MITCHELL J  
1571 UNIVERSITY BLVD. W. #395  
JACKSONVILLE FL 32217

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRES

RADY, MITCHELL  
1721 SEABREEZE AV  
JAX BEACH, FL 3225

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

RADY, Thomas  
511 DAVIS ST  
NEP BEACH, FL 32266

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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CHAVAL, M. PAUL  
521 PINE ST  
NEP BEACH, FL 32266

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

Daytime Phone #

CR2E034 (1/198)