

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 # P98000083456

1. Corporation Name

SEAFOOD HOUSE OF LAKE LAND, INC.

Principal Place of Business

721 1ST AVE N
ST PETERSBURG FL 33701

Mailing Address

721 1ST AVE N
ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1998

4. FEI Number

65-0868140

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75. Additional
Fee Required

6. Election Campaign Financing

☐

\$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

ENGLANDER, LEONARD S
721 1ST AVE N
ST PETERSBURG FL 33701

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	D	<input checked="" type="checkbox"/> DELETE
NAME	ENGLANDER, LEONARD S	
STREET ADDRESS	721 1ST AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	John Stross	
STREET ADDRESS	54 Corey Ave.	
CITY-ST-ZIP	St. Pete Beach, FL 33706	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	Richard Tappan	
STREET ADDRESS	54 Corey Ave.	
CITY-ST-ZIP	St. Pete Beach, FL 33706	
TITLE	P	<input type="checkbox"/> DELETE
NAME	George Lewis	
STREET ADDRESS	54 Corey Ave.	
CITY-ST-ZIP	St. Pete Beach, FL 33706	
TITLE	SRVP	<input type="checkbox"/> DELETE
NAME	John Phillips	
STREET ADDRESS	54 Corey Ave.	
CITY-ST-ZIP	St. Pete Beach, FL 33706	
TITLE	SRVP	<input type="checkbox"/> DELETE
NAME	Richard Chandler	
STREET ADDRESS	54 Corey Ave.	
CITY-ST-ZIP	St. Pete Beach, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

3-2399

Date

127-367-5671

Daytime Phone #

CR2E034 (11/98)