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 # P98000084765

1. Corporation Name

NORRIS FLORIDA INC.

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90047 014 ***150.00



Principal Place of Business	Mailing Address			1	} \$ } \$	11101 0111 1001
2 FELWOOD LANE %NORRISS CRAZYCRAB RESTAURANT PALM COAST FL 32137	2 FELWOOD LANE %NORRISS CRAZYCRAB RESTAURANT PALM COAST FL 32137		DO NOT WRITE IN TH	S SPACE	-,,	
				3. Date Incorporated or Qualifed		
				10/01/1998		-t F
2. Principal Place of Business	2a. Mailing Address / , 26 29 49 A 1 gluo	ag/	414	4. FEI Number 59-3538276	Not	olied For Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. /)		5. Certificate of Status Desired	\$8.75 A	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 and Added to	
Zip Country		Countr	у	8. This corporation owes the current year I	ntangible	
24 25	29 30			Personal Property Tax.	Yes	□No
9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
		8	1 Name	9 200 M 201 PL -	H.	
NORRIS, CLARENCE M JR.		8:	2 Street Addre	nald W. Duncan Y. ss (P.O. Box Number is Not Acceptable)	<i>/</i> (<i>,</i>	
2 FELWOOD LANE				Florida Park Dr. #B_		
PALM COAST FL 32137		8				
		_			85 Zip C	No do
		84	4 City Pala	Coast F	L 85 Zip C 3,21	
11. Pursuant to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, t	he abo	ve-named corpo	ration submits this statement for the purpose	of changing its	registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept in sobligate	of Florida, Such change was autho	rized by	y the corporation	's board of directors. I hereby accept the app	ointment as reg	gistered
	Sons of, Section 607.0505, Florida	Statute	·S.	481	98	ļ
SIGNATURE Signature, typed or printed name of registered agen	and title if applicable. (NOTE: Regi	stered Aq	ent signature required	when reinstating) DATE		{
12. OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE Frosideit		1.1 TITLE			Change	Addition
NAME CLASSENCE XOTO	V(S, JY.	1.2 NAME	:			
NAME Classence Horris, Ir. STREET ADDRESS 2-5949 Alshway AIA		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP Palm Coest, FL	- 3-2137	1.4 CITY-	ST-ZIP			
CITY. ST. ZIP Palve Coest, FL	□ DELETE	2.1 TITLE			Change	Addition
NAME 1 COLOR SLOYCOS	Victey Store-15		:			
STREET ADDRESS 174 London DR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ET ADDRESS			
	(O) O V 17. 3 3 3		-ST-ZIP			
TITLE Spendary + Theasurat DELETE		3.1 TITLE			Change	☐ Addition
NAME NOUCY (05715)	122312124	3.2 NAME				
STREET ADDRESS - Felwood Le	>< <i>4</i>	33 STRE	ET ADDRESS			
CITY-ST-ZIP Palm Coagx, FL.	37-137	3.4. CITY	-ST-ZIP			
TITLE		4.1 TITLE			Change	☐ Addition
NAME		4. 2 NAMI	E			1
STREET ADDRESS		4.3 STRE	ET ADDRESS			l l
CITY-ST-ZIP		4.4 CITY-	ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME.		5.2 NAME	i			1
STREET ADDRESS		5.3 STRE	ET ADDRESS			
CITY-ST-ZIP		5.4 CITY-	ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME		6.2 NAME	!			
STREET ADDRESS		6.3 STRE	ET ADDRESS			
		e a CITY	er. 710			

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: