

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90018 024 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000085404**

1. Corporation Name
CEDAR RIVER SEAFOOD & OYSTER BAR #2, INC.



Principal Place of Business 243 EDGEWOOD SOUTH JACKSONVILLE FL 32254	Mailing Address 243 EDGEWOOD SOUTH JACKSONVILLE FL 32254
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8634 BAYMEADOWS RD. Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE, FL. Zip Country 24 32256 25 USA	2a. Mailing Address 26 P.O. BOX 6982 Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE, FL. Zip Country 29 32236-6982 30 USA	3. Date Incorporated or Qualified 10/06/1998	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PSTD	1.1 TITLE	JOHN L. JOHNSTON II <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, CRAWFORD L	1.2 NAME	JOHN L. JOHNSTON II
STREET ADDRESS	243 EDGEWOOD SOUTH	1.3 STREET ADDRESS	243 EDGEWOOD AVE. SOUTH
CITY-ST-ZIP	JACKSONVILLE FL 32254	1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32254
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	JOHN L. JOHNSTON II
STREET ADDRESS		2.3 STREET ADDRESS	243 EDGEWOOD AVE. SOUTH
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32254
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

JOHN L. JOHNSTON II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

904-268-8593

Daytime Phone #

CR2E034 (11/98)