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Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90018 025 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000085419

1.- Corporation Name

CEDAR RIVER SEAFOOD & OYSTER BAR #1, INC.



Principal Place of Business

~~243 EDGEWOOD SOUTH~~
JACKSONVILLE FL 32254

Mailing Address

243 EDGEWOOD SOUTH
JACKSONVILLE FL 32254

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **4224 BLANDING BLVD.**

Suite, Apt. #, etc.

2a. Mailing Address

26 **P.O. BOX 6982**

Suite, Apt. #, etc.

City & State

23 **JACKSONVILLE, FL.**

Zip

Country

24 **32210**

25 **USA**

City & State

28 **JACKSONVILLE, FL.**

Zip

Country

29 **32236-6982**

30 **USA**

3. Date Incorporated or Qualified

10/06/1998

4. FEI Number

☒ 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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 **PSTD**
NAME **JOHNSTON, CRAWFORD L**
STREET ADDRESS **243 EDGEWOOD SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE ~~**JOE HOLLINGER, PRESIDENT**~~ ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~**PRESIDENT**~~ ☐ Addition

1.2 NAME ~~**JOE HOLLINGER**~~

1.3 STREET ADDRESS ~~**243 EDGEWOOD AVE SOUTH**~~

1.4 CITY-ST-ZIP ~~**JACKSONVILLE, FL 32254**~~ ☒ Change ☐ Addition

2.1 TITLE ~~**DIRECTOR**~~ ☒ Change ☐ Addition

2.2 NAME ~~**JOHNSTON, C.**~~

2.3 STREET ADDRESS ~~**243 EDGEWOOD AVE SOUTH**~~

2.4 CITY-ST-ZIP ~~**JACKSONVILLE, FL 32254**~~ ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

C. 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)

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