

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
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90018 026 ***550.00

DOCUMENT # P98000085420

1. Corporation Name
CEDAR RIVER SEAFOOD & OYSTER BAR #6, 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
21 310 E. INTERNATIONAL
SUNSHINE BLVD.

2a. Mailing Address
26 P.O. BOX 6982
Suite, Apt. #, etc.

City & State
23 DELAND, FL.

City & State
28 JACKSONVILLE, FL.

Zip Country
24 32724 25 USA

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 ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 ☐ 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 ☒ Addition

1.2 NAME ~~JOHNSTON, CRAWFORD L~~

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

1.4 CITY-ST-ZIP JACKSONVILLE, FL. 32254

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME R. A. ROCCAPRIORE

2.3 STREET ADDRESS 243 EDGEWOOD AVE. SOUTH

2.4 CITY-ST-ZIP JACKSONVILLE, FL. 32254

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME ~~JOHNSTON, CRAWFORD L~~

3.3 STREET ADDRESS ~~243 EDGEWOOD AVE. SOUTH~~

3.4 CITY-ST-ZIP JACKSONVILLE, FL. 32254

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

C. Johnston II
C. 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)

0047075