

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

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90018 023 ***550.00

0047076

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000085421

1. Corporation Name

CEDAR RIVER SEAFOOD & OYSTER BAR #7, 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

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

2. Principal Place of Business

21 3540 HIGHWAY 17

Suite, Apt. #, etc.

22 # 103

City & State

23 GREEN COVE SPRINGS, FL.

Zip

24 32045

Country

25 USA

2a. Mailing Address

26 P.O. BOX 6982

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE, FL.

Zip

29 32236-6982

Country

30 USA

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Addition

1.2 NAME ~~SE. DUTY, FL.~~

1.3 STREET ADDRESS 243 EDGEWOOD AVE. SOUTH

1.4 CITY-ST-ZIP JACKSONVILLE, FL. 32254

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D

2.3 STREET ADDRESS R.A. ROCCAPRIORE

2.4 CITY-ST-ZIP 343 EDGEWOOD AVE. SOUTH

JACKSONVILLE, FL. 32254

3.1 TITLE ☐ 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. 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)