

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

FILED
Mar 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V32491** (5)

1. Corporation Name

ST. JOHNS SEAFOOD & OYSTER BAR #5, INC.

Principal Place of Business

**2932 ALVARADO AVENUE
JACKSONVILLE FL 32217**

Mailing Address

**2932 ALVARADO AVENUE
JACKSONVILLE FL 32217-2712**



2. Principal Place of Business

21 **74 Blanding Blvd.**

Suite, Apt. #, etc.

22

City & State

23 **Orange Park, Florida**

Zip

Country

24 **32073**

25

Clay

26

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2a. Mailing Address

21 **74 Blanding Blvd.**

Suite, Apt. #, etc.

22

City & State

23 **Orange Park, Florida**

Zip

Country

24 **32073**

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Clay

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3. Date Incorporated or Qualified

04/28/1992

3a. Date of Last Report

04/30/1996

4. FEI Number

59-3125876

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 has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**AKEL, DANIEL D.
2301 INDEPENDENT SQUARE
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32202**

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 type: Use printed name of registered agent and file if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **RUKAB, LILA**
STREET ADDRESS **2932 ALVARADO AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **V** ☐ DELETE
NAME **RUKAB, MAURICE**
STREET ADDRESS **2932 ALVARADO AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☐ DELETE
NAME **RUKAB, LORI**
STREET ADDRESS **2932 ALVARADO AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **T** ☐ DELETE
NAME **RUKAB, ROBERT**
STREET ADDRESS **3131 BRIDGEVIEW DR**
CITY-ST-ZIP **JACKSONVILLE FL**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Rukab, Lori**
3.3 STREET ADDRESS **9434 Genna Trace**
3.4 CITY-ST-ZIP **Jacksonville, FL 32257**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Rukab, Robert**
4.3 STREET ADDRESS **2443 Saragossa Ave**
4.4 CITY-ST-ZIP **Jacksonville, FL 32217**

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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Rukab 11/15/97 (904) 272-6102

CR2E034 (9/96)