

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
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90049 049 ***150.00

DOCUMENT # V47306

1. Corporation Name
POSEY'S OYSTER BAR, INC.

Principal Place of Business

PO BOX 112
ST MARKS FL 32355

Mailing Address

PO BOX 112
ST MARKS FL 32355

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1992

4. FEI Number

59-3131617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 55 Riverside Dr.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 St. Marks, FL

24 Zip 32355 25 Country

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

9. Name and Address of Current Registered Agent

BECKHAM, NANCY S
OLD FORT DRIVE
ST MARKS FL 32355

10. Name and Address of New Registered Agent

81 Name

Nancy S. Beckham

82 Street Address (P.O. Box Number is Not Acceptable)

55 Riverside Dr.

83

84 City

St. Marks

85 Zip Code

FL 32355

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

Nancy S. Beckham
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BECKHAM, DONALD F
STREET ADDRESS OLD FORT DRIVE
CITY-ST-ZIP ST MARKS FL

TITLE D ☐ DELETE
NAME BECKHAM, WALTER M
STREET ADDRESS OLD FORT DRIVE
CITY-ST-ZIP ST MARKS FL

TITLE D ☐ DELETE
NAME BECKHAM, NANCY S
STREET ADDRESS OLD FORT DRIVE
CITY-ST-ZIP ST MARKS FL

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 ☐ 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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

Nancy S. Beckham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-99 850-925-6172

CR2E034 (11/98)

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