

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 7:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000006172 (9)

1. Corporation Name

SIESTA BAR/GRILL, INC.

Principal Place of Business

1900 RINGLING BLVD.
SARASOTA FL 34236
US

Mailing Address

1900 RINGLING BLVD.
SARASOTA FL 34236
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/20/1993

3a. Date of Last Report
04/18/1994

4. FEI Number
65-0389284

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. 190.022,
Florida Statutes Yes No

2. Principal Place of Business

21 **5250 Ocean Blvd**

2a. Mailing Address

26 **5250 Ocean Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Sarasota, FL**

City & State

27 **Sarasota, FL**

Zip

24 **34242**

Country

25 **USA**

Zip

28 **34242**

Country

30 **FL**

9. Name and Address of Current Registered Agent

**SYPRETT, JIM D
1390 MAIN ST
SUITE 1100
SARASOTA FL 34236**

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 constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME **D SYPRETT, TROY D**
STREET ADDRESS **1390 MAIN ST SUITE 1100**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE
NAME **D SYPRETT, JIM D**
STREET ADDRESS **1390 MAIN ST SUITE 1100**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE
NAME **D LANCER, M J**
STREET ADDRESS **1390 MAIN ST SUITE 1100**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name