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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000068666 (3)**

1. Corporation Name
ANNA MARIA OYSTER BAR, INC.

Principal Place of Business	Mailing Address
8403 MARIA DRIVE HOLMES BEACH FL 34217	8403 MARIA DRIVE HOLMES BEACH FL 34217-1094

3. Date Incorporated or Qualified: 09/05/1995
3a. Date of Last Report: 09/30/1996

2. Principal Place of Business
21 100 S Bay Blvd
Suite, Apt. #, etc
22 City Pier
City & State
23 Anna Maria FL
Zip 24 34216 Country 25 USA

2a. Mailing Address
26 P.O. Box 4329
Suite, Apt. #, etc
27
City & State
28 Anna Maria FL
Zip 29 34216-4329 Country 30 USA

4. FEI Number: APPLIED FOR 65-0616853 ☐ 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

CURTIS, CLINTON C
101 SIXTH STREET NW,
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name: Clinton A. Curtis
82 Street Address (P.O. [redacted] 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HORNE, JOHN C		1.2 NAME	
STREET ADDRESS	8403 MARIA DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL 34217		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SEAY, PHILIP		2.2 NAME	
STREET ADDRESS	4320 SMOKY ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWNAN GA 30263		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HORNE, LYNN D SR		3.2 NAME	
STREET ADDRESS	P.O. BOX 797 N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33881		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: John C Horne FILED 4/19/97 941-778-0475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0434153