

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 22, 1999 8:00 am
Secretary of State

04-22-1999 90211 001 ***150.00

DOCUMENT # V71552

1. Corporation Name

CAPTAIN JACK'S RESTAURANT & LOUNGE, INC.

Principal Place of Business

6441 U.S. HIGHWAY 17/92 WEST
LAKE ALFRED FL 33850

Mailing Address

6441 U.S. HIGHWAY 17/92 WEST
LAKE ALFRED FL 33850

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1992

4. FEI Number

59-3144136

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 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

MANOLAKAS, JOHN M.
6441 U.S. HIGHWAY 17-92 WEST
HAINES CITY FL 33844

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	PD	<input type="checkbox"/> DELETE
NAME	MANOLAKAS, FRANGOULA	
STREET ADDRESS	6441 HWY 17/92 W.	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MANOLAKAS, JOHN M.	
STREET ADDRESS	6441 HWY 17/92 W.	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MANOLAKAS, MINAS	
STREET ADDRESS	6441 HWY 17/92 W.	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MANOLAKAS, EMMANUEL	
STREET ADDRESS	6441 HWY 17/ 92 W.	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MANOLAKAS, SOPHIA	
STREET ADDRESS	6441 HWY 17/92 W.	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sophia Manolakas* SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-99.

941-956-3878

Date

Daytime Phone #

CR2E034 (11/98)