

002816



**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90292 036 \*\*\*150.00

1. Corporation Name  
FLAGLER BAR AND PACKAGE, INC.



Mailing Address  
PO BOX 1274  
BUNNELL FL 32110

DO NOT WRITE IN THIS SPACE

|                |
|----------------|
| Not Applicable |
|----------------|

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

|    |    |          |
|----|----|----------|
| FL | 85 | Zip Code |
|----|----|----------|

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

\_\_\_\_\_  
DAT

12 OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change      ☐ Addition☒ DELETE☐ DELETE☐ DELETE☐ DELETE☐ DELETE☐ DELETE☒ Change    ☐ Addition☐ Change      ☐ Addition☐ Change      ☐ Addition☐ Change      ☐ Addition☐ Change      ☐ Addition☐ Change      ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 904-437-3736  
Date Daytime Phone :

CR2E034 (11/98)