Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90061 016 ***150.00

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

DOCUMENT # 168018

1. Corporation Name

COLONIAL TAVERN, INC.

Principal Place of Business Mailing Address					I (64(4))1919 Cital (Fill spin) (192) ISII Sign sign sign sign sign sign sign sign s
2060 SO BAY ST 2060 SO BAY ST					
EUSTIS FL 32726 EUSTIS FL 32726					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					02/14/1952
2 Principal D	and of Rusiness	2a. Mailing Address			4. FEI Number Applied For
2. Principal Place of Business		26			59-0693562 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	itry	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax. Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
		T. (1.10) (1.1)		81 Name	EFARE M. BOMBENGER
JAMES C. ORR & ASSOCIATES W. D. TUMBLIN			ţ	82 Street	GEDREE M. BOMBENSER Address (P.O. Box Number is Not Acceptable) Y. N. BAY STREET SUITE #2
1551 GARDEN ST			1	804	4 N. BAY STREET SUITE #2
TITU	SVILLE FL 32796		ĺ	83	,
			F	84 City	85 Zip Code
			1	E	US715 FL 32726
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the at	ove-named	d corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State	of Florida. Such change was au tions of, Section 607,0505, Flori	ithorized ida Statu	by the corpo tes.	ocration's board of directors. I hereby accept the appointment as registered
	My				3/24/99
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered	Agent signature r	required when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 111	Æ	Change Addition
NAME {	BOMBENGER, GEORGE M.		1.2 NA	WE .	
STREET ADDRESS	36631 SCOTTSDALE DR.		1.3 ST	REET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL 32735	<u></u>	1.4 C/T	Y-ST-ZIP	EUSTIS, FL 32726
TITLE	STD	☐ DELETE	2.1 TIT	Æ	Change Addition
NAME	Bartzer, Sharon A.		2.2 NA	WE .	
STREET ADDRESS	36631 SCOTTSDALE DR.		2.3 ST	REET ADDRESS	2060 S. BAY ST
CiTY-ST-ZIP ·	GRAND ISLAND FL 32835		2. 4 CI	Y-ST-ZIP	EUSTIS FL 32726 -
TITLE		☐ DELETE	3.1 TIT	LE	☐ Change ☐ Addition
NAME		•	3.2 NA	ME	
STREET ADDRESS	<i>'</i>		3.3 ST	REET ADDRESS	;
CITY-ST-ZIP			3.4. CF	TY-ST-ZIP	
TITLE		☐ DELETE	4.1 TIT	LE	☐ Change ☐ Addition
NAME			4. 2 NA	ME	
STREET ADDRESS			4.3 ST	REET ADDRESS	3
CITY-ST-ZIP	•			Y-ST-ZIP	
TIFLE		☐ DELETE	5.1 TIT		☐ Change ☐ Addition
NAME			5.2 NA	ME	
STREET ADDRESS			5.3 ST	REET ADDRESS	i i
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP	
TITLE		☐ DELETE	6.1 TET	LE	☐ Change ☐ Addition
NAME			6.2 NA	ME	
CTDEET ADDRESS	l		6.3 ST	REET ADDRESS	ا

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, prop an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

E KEWUIRED SIGNATURE AND TYPED OR PRINTER DAME OF SIGNING OFFICER OR DIRECTOR