FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

FILED May 12 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 288694 (3)**SOUTHSIDE PACKAGE & LOUNGE, INC.** Principal Place of Business Mailing Address 1140 SOUTH FLORIDA AVE 1140 SOUTH FLORIDA AVE LAKELAND FL 33803 LAKELAND FL 33803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/14/1965 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-1086328 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible TD Yes 24 29 30 Personal Property Tax due June 30 ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TUCKER, HENRY E. 1140 \$. FLA AVE. Street Address (P.O. Box Number is Not Acceptable) 2318 COVENTRY AVE 83 LAKELAND FL 33803 84 City 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) 72E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. STD DELETE 1.1 TITLE Change Addition TITLE NAME TUCKER, J.G. 1.2 NAME **2408 COVENTRY AVENUE** STREET ADDRESS 1.3 STREET ADDRESS **LAKELAND FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE Addition TITLE PD 2.1 TITLE NAME TUCKER, H.E. 2.2 NAME STREET ADDRESS 2318 COVENTRY AVENUE 2.3 STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 00000 2. 4 CITY - ST - ZIP □ DELETE 3.1 TITLE Change Addition TITLE NAME TUCKER, C.A. 3.2 NAME STREET ADDRESS 2318 COVENTRY AVE 3.3 STREET ADDRESS CITY-ST-ZIP **LAKELAND FL** 3.4. CITY-ST-ZIP DELETE Change Addition TITLE VD 4.1 TITLE NAME TUCKER, JH 4. 2 NAME 2408 COVENTRY AVE STREET ADDRESS 4.3 STREET ADDRESS LAKELANE FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

almage gui lesus

64 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