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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 293989

(0)

Corporation Name	 1,
VIRGIL'S "66", INC.	

FILED Jun 03 1997 8:00am Secretary of State

Principal Place P.O. BOX 93 SAFETY HARBO		Mailing Address P.O. BOX 83 SAFETY HARBOR FL 348	s95- 0093		
				3. Date incorporated or Qualified 06/15/1965	3a. Date of Last Report 04/17/1996
	ace of Business	2a. Mailing Address		4. FEI Number 59-1092719	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7ip	Country	8. This corporation has liability for	
27]	9. Name and Address of Curre		1301	10. Name and Address of New Ro	
SCH	IRTZ, THOMAS, C		81 Name		<u> </u>
8 W	IDGEON PLACE ETY HARBOR FL 34695		83	dress (P.O. Box Number is Not Accepta	
			84 City	•	FL 85 Zip Code
agent. I a: SIGNATURE	to the provisions of Sections 607.05 ogistered agent, or both, in the Stat in familiar with, and accept the obligation of the obligation of the state of the st	gations of, Saction 607.0505, F	ules, the above-named oc authorized by the corpor lorida Statutes. The Registered Agent signature rec	rporation submits this statement for the ation's board of directors. I hereby accounts the properties of the properties of the prefetching	purpose of changing its registered pt the appointment as registered
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
NAME STREET ADDRESS CITY-ST-ZIP	MORLOCK, NORMAN E 2114 RIVER RIDGE DR. SARASOTA FL	DELETE	1.1 TIPLE 1.2 NAME 1.3 STREET ADDRESS		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	STD SCHIRTZ,THOMAS C 8 WIDGEON PL. SAFETY HARBOR FL	DEVETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDINGSS		Change Addition
CITY-ST-ZIP	SAFETT HANDON FL		1		
TITLE NAME		DELETÉ	2 4 CHY-ST-ZIP 3 1 TITLE 3 2 NAME		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	2 4 CHY-ST-7IP 3 1 THLE 3 2 NAME 3 3 STREEL ADDRESS 3 4 CHY-ST-7IP 4 1 THLE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u> 00.116	2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			2 4 CHY-ST-ZIP 3 1 THTLE 3 2 NAME 3 3 STREEL ADDRESS 3 4 CHY-ST-ZIP 4.1 THTE 4.2 NAME 4.3 STREEL ADDRESS		

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 of fusite employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or plock 13 is changed, or on an attachment with my address.