| FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS Principal Place of Business P.O. BOX 93 SAFETY HARBOR FL 34695 2. Principal Place of Business P.O. BOX 93 SAFETY HARBOR FL 34695 2. Principal Place of Business Safety HARBOR FL 34695 2. Principal Place of Business Safety HARBOR FL 34695 2. Principal Place of Business Safety HARBOR FL 34695 2. Principal Place of Business Safety HARBOR FL 34695 2. Principal Place of Business Safety HARBOR FL 34695 2. Principal Place of Business Safety HARBOR FL 34695 2. Principal Place of Business Suite, Apt. #, etc. Silte, Apt. #, etc. Sil | FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 | | | | | | | | | FII | EI |) | | |
|--|--|-------------------------------|-------------------|--------------------------------------|--------------|-------|--------------|--------------------|---------------------------------|--------------------|----------|------------------|-------------|----------|
| VIRGIL'S *66*, INC. Principal Place of Business P. D. BOX 30 SAFETY HARBOR FL 34695 2. Principal Place of Business 3. Deterministy of Country 3. Deterministy of Country 3. Deterministy of Country 3. Set | COF ANNU | CORPORATION ANNUAL REPORT | | Sandra B. Mortham Secretary of State | | | | Feb 09 1998 8:00am | | | | | | |
| Principal Place of Business SAFETY HARBOR FL 34695 2a, Mailing Address 2a, Mailing Address 2b, Principal Place of Business 2a, Mailing Address 2a, Mailing Address 2b, Laber 1, etc. 2c, Principal Place of Business 2a, Mailing Address 2b, Laber 1, etc. 2c, Principal Place of Business 2c, Mailing Address 2d, Apt. #, etc. 2d, Sulte, Apt. #, etc. 2d, Sulte, Apt. #, etc. 2d, Sulte, Apt. #, etc. 2d, Clay & State 2d) 2d) 2d) 2d) 2d) 2d) 2d) 2d | 1. Corporation VIRGIL | 'S "66", INC | | | | | | | | | | | | |
| Principal Place of Business 2a, Malling Address 5. Certificate of Status Desired 5. Country 5. Certificate of Status Desired 5. Certificate 5. Certificate 5. Certificate of Status Desired 5. Certificate 5. Certificat | P.O. BOX 93 P.O. BOX 93 | | | | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| Sulte, Apt. #, etc. 27 City & State 28 City & State 29 City & State 20 City & State 21 City & State 25 City & State 26 City & State 27 Country 28 Country 29 Country 29 20 21 21 Country 20 21 25 28 29 29 30 Country 30 Country 30 Country 30 Country 30 Country 40 City & State 41 City & State 42 City & State 43 City & State 44 City & Cit | | lace of Business | — — | lailing Address | | | - | | 4. FEI Number | | | | + | |
| City & State 28 | Suite, Apt. | #, etc. | s | uite, Apt. #, etc. | | | | | | | | | 5 Ad | ditional |
| 25 26 28 30 Personal Property Tax due June 30. 27 Ves No | | | 28 | | | | | | 1 | | | | | |
| SCHIRTZ, THOMAS, C 8 WIDGEON PLACE SAFETY HARBOR FL 34695 Sarasota, FL 34239 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 agont, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agont, 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, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the purpose of changing its registered of agent and majority in an advance the problems of agent and state applications. Port of agent and state applications. Port of agent and state applications. Port Registered agent and state agent agent and state agent agent agent and state agent agen | Zip 24 | 25 | 29 | · | - | itry | | | Personal Pro | perty Tax due June | e 30. | Yes Yes | | - |
| SAFETY HARBOR FL 34695 Sarasota, FL 34239 84 City Sarasota, FL 34239 84 City Sarasota, FL 34239 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 agent. I am jamifer with, and accept the ebigations of Section 607,0505, Florida Statutes. SIGNATURE Signifum, typed or presed agriculture Signifum, typed or presed agric | SC | | Current Hegister | ed Agent | | 81 | Name | Ma | <u> </u> | <u> </u> | egistere | a Agent | | |
| B3 | | | | | 1 | 82 | Street . | Addres | ss (P.O. Box Numb 14 River I | er is Not Accepta | ble) | | ~ | |
| 11. Pursuant to the provisions of Sactions 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registored agent, I am terriffer Arth, and accept the elipsations of Socion 607.0505, Florida Statutes. SIGNATURE Signature, typed or protein and of registered agent and title if applicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE MORLOCK, NORMAN E 12. NAME MORLOCK, NORMAN E 12. NAME MORLOCK, NORMAN E 13. STREET ADDRESS 2114 RIVER RIDGE DR. 13. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 14. CITY-ST-ZIP SAFETY HARBOR FL DELETE DELETE 13. TITLE DELETE 33. STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition Change Addition Addition Addition Change Addition Addition Addition Addition Addition Addition Addition Change Addition Addition Addition AME STREET ADDRESS CITY-ST-ZIP DELETE 13. TITLE DELETE 14. TITLE DELETE 14. TITLE Change Addition Addition Addition Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 The Change Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITION | 0,1 | ETT THE BOX 12 04000 | | | | | City | Sa | rasota, FI | 34239 | | er : | Zin Cc | |
| SIGNATURE Signatur. hypod or printed raffire of lagistered agent and list a applicable. IZ. OFFICERS AND DIRECTORS I3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD | 11. Pursuant t | to the provisions of Sections | 607.0502 and 607. | 1508, Florida Statu | 1 | ļ | • | corpo | ration submits this | statement for the | | L | • | |
| T2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE PD DELETE 1.1 TITLE | SIGNATURE | The same | En local | - No | MAI | V | 170 | ov_L | ocH_ | ors. I hereby acce | pt the a | ppointment 78 | as re | gistered |
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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 trusted 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.

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

Date

D

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS ☐ Change ☐ Addition

☐ DELETE

TITLE

NAME

STREET ADDRESS