FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:54

DOCUMENT # **431927** **(3)**

1. Corporation Name
THE SOUTHLAND LOUNGE, INC.

Principal Place of Business
[redacted]

Mailing Address
C/O DAVID A KING, ATTORNEY
1416 KINGSLEY AVE
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1973
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21 4879 Highway 17 South
22 Suite, Apt. #, etc.
23 City & State: Green Cove Springs, FL
24 Zip: 32043
25 Country: U.S.A.

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-1572885 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KING, DAVID A.
ATTORNEY AT LAW
1416 KINGSLEY AVENUE
ORANGE PARK, 32073

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name altered)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTIE, JAMES D.	1.2 NAME		
STREET ADDRESS	4879 HIGHWAY 17 S.	1.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPGS FL	1.4 CITY-ST-ZIP		
TITLE	[redacted]	2.1 TITLE	D, V	☒ Change ☐ Addition
NAME	CHICK, ETHEL M.	2.2 NAME		
STREET ADDRESS	4879 HIGHWAY 17 S.	2.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPGS FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTIE, JAMES D.	3.2 NAME		
STREET ADDRESS	4879 HIGHWAY 17 S	3.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPGS FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	S	☐ Change ☒ Addition
NAME		4.2 NAME	Laurie D. Glatkowski	
STREET ADDRESS		4.3 STREET ADDRESS	1510 Spruce Street	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Green Cove springs, FL 32043	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 alteration.

SIGNATURE: X [signature] 03/21/95 904/264-1137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James D. Christie, President

0004469 CP