

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 431927 (3)

1. Corporation Name

THE SOUTHLAND LOUNGE, INC.



Principal Place of Business

Mailing Address

4879 HIGHWAY 17 SOUTH
GREEN COVE SPRINGS FL 32043
US

4879 Highway 17 South
Suite, Apt. #, etc.
Green Cove Springs, FL
32043 USA

3. Date Incorporated or Qualified

08/01/1973

3a. Date of Last Report

04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 4879 Highway 17 South

4. FEI Number

59-1572885

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

23 Green Cove Springs, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip Country

29 32043 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME CHRISTIE, JAMES D.
STREET ADDRESS 4879 HIGHWAY 17 S.
CITY-ST-ZIP GREEN COVE SPGS FL

1.1 TITLE D, P, T ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME ~~CHICK, ETHEL M.~~
STREET ADDRESS 4879 HIGHWAY 17 S.
CITY-ST-ZIP GREEN COVE SPGS FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Ethel M. Christie
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ~~TO~~ ☒ DELETE
NAME ~~CHRISTIE, JAMES D.~~
STREET ADDRESS ~~4879 HIGHWAY 17 S.~~
CITY-ST-ZIP ~~GREEN COVE SPGS FL~~

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME GLATKOWSKI, LAURIE D.
STREET ADDRESS 1510 SPRUCE STREET
CITY-ST-ZIP GREEN COVE SPRINGS FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 as an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D. Christie, President

04/15/96

904/284-1137

CR2E034 (12/95)