

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Norham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

DOCUMENT # 494240

(5)

1. Corporation Name

STONEY'S LOUNGE & PACKAGE LIQUOR STORE, INC.

95 MAY -1 PM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1305 N. 22ND STREET
TAMPA FL 33605

Mailing Address

1305 N. 22ND STREET
TAMPA FL 33605

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/28/1976	3a. Date of Last Report 04/28/1994
4. FEI Number 59-1654011	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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

SWETLAND, ROBERT
1305 SOUTH 22ND ST
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name	JOAN SWETLAND
82 Street Address (P.O. Box Number is Not Acceptable)	1305 22ND ST SO
83	
84 City	TAMPA
85 Zip Code	FL 33605

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 607.0506, Florida Statutes.

SIGNATURE

Joan Swetland

(NOTE: Registered Agent signature required when reconstituting)

DATE

4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SWETLAND, JOAN	1.2 NAME	
STREET ADDRESS	18104 HAVENWOODS RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	1.4 CITY - ST - ZIP	
TITLE	ST S	2.1 TITLE	☐ Change ☐ Addition
NAME	WETLAND	2.2 NAME	
STREET ADDRESS	18104 HAVENWOOD RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKS VILLE FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
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 110.07(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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN SWETLAND

4/28/95 (813)248-9285