## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90001 008 \*\*\*150.00

| 1. Corporatio   | MENI# EAAAST  |   |  | 02-01-1999 90001 008 ****150.00   |
|---|---|---|--|---|
|   | MENT # 500351   | •   |  |   |
| LONG B  | RANCH BAR, INC.   |   |  |   |
|   |   |   |  | A MARANA ANIKA ARBIA RANGA NAKAI AKIRI AKIRI AKAN ANIKA AKAN ANIKA AKAN ANIKA ANIKA ANIKA ANIKA ANIKA NAKA  |
|   | •   |   |  |   |
| Principal Plac  | e of Business   | Mailing Address   |  | T (BBIOL BISIN GENY BOICE LINE DITH HIND BISIN BIBN BIBN BIBN BIBN BIBN BIBN BIB  |
| HWY 29 SOUT   | Н   | HWY 29 SOUTH  |  | •   |
| P.O. BOX 2222   |   | P.O. BOX 2222   |  | DO NOT WRITE IN THIS SPACE  |
| LABELLE FL 33   | 3935-2222   | LABELLE FL 33935-2222   |  | DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified   |
| :   |   |   |  | 04/01/1976  |
| 2 Principal P   | lace of Business  | 2a. Mailing Address   |  | 4. FEI Number: Applied For  |
| 21  |   | 26  |  | 59-1671921 Not Applicable   |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.   |  | _ \$8.75 Additional   |
| 22  | •   | 27  |  | 5. Certifcate of Status Desired Fee Required  |
| City & Stat   | e .   | City & State  | •  | 6. Election Campaign Financing \$5.00 May Be  |
| 23  | - Liverage -  | 28  |  | Trust Fund Contribution Added to Fees   |
| Zip   | Country   | Zip   | Country  | 8. This corporation owes the current year Intangible  |
| 24  | 25 C. Name and Address of Course  | <del></del>   | 30   | Personal Property Tax. Yes No  10. Name and Address of New Registered Agent   |
|   | 9. Name and Address of Current  | Registered Agent  | 81 Name  | to. Name and Address of New Registered Agent  |
| DAV   | IS, PAULA SUE   |   |  |   |
| HW  |   | ليهمسني الدة تبعيد الاستحاد                                     | 82 Street Add  | ress (P.O. Box Number is Not Acceptable)  |
| PO 1  | BOX 222   |   | 83   |   |
| LAB   | ELLE FL 33935   | r.  | 101 01   | 다 하는 것 같아. 이 환경 기계 등 전 기계 등 기계 등 기계 등 기계 등 기계 등 기계 등 기계   |
|   |   | •   | 84 City  | FL 85 Zip Code  |
| 11. Pursuant  | to the provisions of Sections 607.0502  | and 607.1508, Florida Statute                                   | es, the above-named corp   | poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered   |
| office or r   | egistered agent, or both, in the State of<br>m familiar with, and accept the obligation | f Florida. Such change was au<br>ons of, Section 607.0505, Flor | ithorized by the corporati   | on's board of directors. I hereby accept the appointment as registered  |
| SIGNATURE   |   |   |  | ·   |
|   | Signature, typed or printed name of registered agent                                    |   |  | ad when reinstating) (11:74). DATE  |
| 12.   | OFFICERS AND  |   | 13.  |   |
| TITLE   | PD DAVIS DAVISA SUE   |   |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| NAME  |   | . DELETE  | 1.1 TITLE  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| *******   | DAVIS, PAULA SUE  | ☐ DELETE  | 1.1 TITLE<br>1.2 NAME  |   |
| STREET ADDRESS  | HIGHWAY 29  | ☐ DELETE  | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   | HIGHWAY 29<br>LABELLE FL  |   | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  |   |
| CITY-ST-ZIP   | HIGHWAY 29<br>LABELLE FL<br>VD  | □ DELETE  | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE  | Change Addition   |
| CITY-ST-ZIP TITLE NAME  | HIGHWAY 29<br>LABELLE FL<br>VD<br>BALLARD, KIM  |   | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  | Change Addition   |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS   | HIGHWAY 29<br>LABELLE FL<br>VD<br>BALLARD, KIM<br>HWY. 29 S.                            |   | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS  | Change Addition   |
| CITY-ST-ZIP TITLE NAME  | HIGHWAY 29<br>LABELLE FL<br>VD<br>BALLARD, KIM<br>HWY. 29 S.<br>LABELLE FL 33935        |   | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME   | Change Addition   |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | HIGHWAY 29<br>LABELLE FL<br>VD<br>BALLARD, KIM<br>HWY. 29 S.<br>LABELLE FL 33935        | ☐ DELETE  | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  | Change Addition   |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME (A)  | HIGHWAY 29<br>LABELLE FL<br>VD<br>BALLARD, KIM<br>HWY. 29 S.<br>LABELLE FL 33935        | ☐ DELETE  | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE  | Change Addition   |
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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 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, with all other like empowered.

**SIGNATURE**