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Secretary of State

03-02-1999 90113 003 ***163.75

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 545795 1. Corporation Name

UNCLE GARLIN'S, INC.

Mailing Address Principal Place of Business 3108 FLAGLER AVE. 3108 FLAGLER AVE. KEY WEST FL 33045-5373 KEY WEST FL 33045-5373 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 09/21/1977 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-1783009 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #. etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5,00 May Be City & State 6. Election Campaign Financing X Added to Fees 28 Trust Fund Contribution 23 Zip Country Zip Country 8. This corporation owes the current year Intangible 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name VISCHER, GARY Street Address (P.O. Box Number is Not Acceptable) 82 3108 FLAGLER AVE. KEY WEST FL 33040-9737 83 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 , OFFICERS AND DIRECTORS 713 12. ☐ Change Addition DELETE ÍΠΠF TITLE GARY T. VISCHER 1.2 NAME NAME 3108 FLAGIER AVE 1,3 STREET ADDRESS STREET ADDRESS 3040 KEY WEST CITY-ST-ZIP, 1.4 CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE 22 NAME

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 effectment with an address, with a other like empowered.

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