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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 562316

BAR STOOL BARON, INC., THE

Principal Place of Business Mailing Address

FILED Feb 03, 1999 8:00am Secretary of State

02-03-1999 90016 045 ***150.00



Principal Place	e of Business	Mailing Address							
16424 U.S. 19 I	N.	16424 U.S. 19 N.							
CLEARWATER FL 33764		CLEARWATER FL 33764			DO NOT WRITE IN THIS SPACE				
US		US							
					3. Date Incorporated or Qu	alifed			
					03/17/1978				
2. Principal P	lace of Business	2a. Mailing Address		•	4. FEI Number		Ap	plied For	
21		26			59-1808639		No	t Applicable	,
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 A	Additional	1
-	, ••	27			5. Certifcate of Status Des	ired \square	Fee Re	quired	
City & Stat		City & State			6. Election Campaign Fina	ncina	\$5.00	May Be	
— ·	.0	⊢ '			Trust Fund Contribution		Added t	· · ·	
23	Country	Zip	Coun	try		an ourset year Inton			
Zip			30		8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No				
24			A subsection of the subsection		Personal Property Tax. LJ Yes LJNo 10. Name and Address of New Registered Agent				
····	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of	Hew Kellstelen WE	jone		
ECD/	OCITO LOUIC		[Name					
ESPOSITO, LOUIS			82 Street Add		ddress (P.O. Box Number is Not Acceptable)				
\$999 1118	COUNT COURT				. Syrene garante a sego.	A - 144			
TAR	PON SPRGS. FL 34689		Ţ.	83	1首的18年時期	经股份和股份			
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]	84 City		FL	85 Zip 0	5006	
'11" Directant	to the provisions of Sections 607.0502	and 607 1508 Florida Statut	es the ab	ove-named cor	poration submits this statement	for the purpose of ch	anging its	registered	
office or r	registered agent, or both, in the State o	if Florida: Such change was a	uthonzed	by the corporat	ion's board of directors. I hereby	y accept the appointr	ment as re	gistered	
😘 agent. I a	im familiar with, and accept the obligation	ions of, Section 607.0505, Fig	rida Statui	tes.	•				
SIGNATURE		Alotte				DATE			
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	:: Regisiereu A	egeni signature requir	red when reinstating)	DATE			١.
40	OFFICERS AND	DIDECTORS	13		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTO	RS IN 12	1
12.	OFFICERS AND		13.		ADDITIONS/CHANGES				
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TITLE	PD ESPOSITO, LOUIS 208 SHORE DRIVE		1.1 TITL 1.2 NAA	1					
TITLE NAME	PD ESPOSITO, LOUIS		1.1 TITL 1.2 NAA 1.3 STR	ΛE.			Change	☐ Addition	
TITLE NAME STREET ADDRESS	PD ESPOSITO, LOUIS 208 SHORE DRIVE		1.1 TITL 1.2 NAA 1.3 STR	AE REET ADDRESS Y-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	PD ESPOSITO, LOUIS 208 SHORE DRIVE TARPON SP, FL 00000 34689 STD	☐ DELETE	1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT	AE REET ADDRESS Y-ST-ZIP			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 eyer like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

727 536 8080

CR2E034 (11/98)