

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

52119

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90029 019 ***150.00

DOCUMENT # 829123

1. Corporation Name

STEAK AND ALE OF FLORIDA, INC.

Principal Place of Business
%TAX DEPT.
12404 PARK CENTRAL DR.
DALLAS TX 75251

Mailing Address
%TAX DEPT.
P.O. BOX 224018
DALLAS TX 7522-018
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1972

4. FEI Number

75-1397839

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

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **TAY DEPT**

2a. Mailing Address

26 **TAY DEPT.**

Suite, Apt. #, etc.

22 **6500 INTERNATIONAL PKWY**

Suite, Apt. #, etc.

27 **P.O. BOX 261830**

City & State

23 **PLANO, TX**

City & State

28 **PLANO, TX**

Zip

24 **75093**

Country

25

Zip

29 **75026-1830**

Country

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

TITLE **PD** ☐ DELETE

NAME **CALDWELL**

STREET ADDRESS **3721 BONITA**

CITY-ST-ZIP **PLANO TX 75025**

TITLE **VSTD** ☐ DELETE

NAME **WATSON, TODD M.**

STREET ADDRESS **12404 PARK CENTRAL DRIVE**

CITY-ST-ZIP **DALLAS-TX**

TITLE **AS** ☒ DELETE

NAME **WYNNE, DIANA**

STREET ADDRESS **4448 LONGFELLOW**

CITY-ST-ZIP **PLANO TX 75093**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 attachment with an address, with all other like empowered.

SIGNATURE:

Eugene Caldwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE CALDWELL
PRESIDENT

4-15-99
Date

972-588-5013
Daytime Phone #

CR2E034 (11/98)