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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

F30849

(6)

THE CROW'S NEST RESTAURANT AND TAVERN, INC. Principal Place of Business Mailing Address 1988 TARPON CENTER DRIVE 1968 TARPON CENTER DRIVE VENICE FL 34285 VENICE FL 34285 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>04/16/1981</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2101854 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Country Zip Zio This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DULMER, JOHN J. JR 229 PÉNSACOLA ROAD 82 Street Address (P.O. Box Number is Not Acceptable) VENICE FL 34285 83 84 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 agont, 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ___ Addition 1.1 TITLE TITLE HARNER, HAROLD G 1.2 NAME NAME 405 ALHAMBRA RD. 1.3 STREET ADDRESS STREET ADDRESS **ENICE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE NAME HARNER, STEPHEN L 2.2 NAME **615 VALENCIA** 2.3 STREET ADDRESS STREET ADDRESS **VE**NICE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME **Pa**yne, Janis 3.2 NAME **615 VALENCIA** 3.3 STREET ADDRESS STREET ADDRESS **Ve**nice fl 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

14. Thereby 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 suppliemental 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 eccenter 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 an an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STEPHEN L. HARNER PRES 1/5/AQ

FILED

Jul 02 1998 8:00am

Secretary of State