PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

City & State

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90208 004 ***150.00

FILED

DOCUMENT # G59897

City & State

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·Zip

GUYS N' DOLLS OF BRANDON, INC.						
GUTS N DOLLS OF BRAND	ON, INC.					
Principal Place of Business	Mailing Address					
809 W. BLOOMINGDALE AVE. BRANDON FL 33511	809 W. BLOOMINGDALE AVE. BRANDON FL 33511					
2. Principal Place of Business	2a. Mailing Address					
21	26					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
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9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

		Not Applica	ble			
		Additiona Required	4			
	\$5.00 May Be Added to Fees					
ent year Ir	ntangible ☐ Yes	□No	-			
onistoroc	Agent					

Applied For

WILLIAMS, ANN 809 W. BLOOMINGDALE AVE. **BRANDON FL 33511**

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er is Not Acceptable)		
er is Not Acceptable)		
	85	Zip Code
	FL.	FL 85

09/19/1983

5. Certifcate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

a. This corporation owes the curr

Personal Property Tax.

4. FEI Number 59-2326169

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

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office or re agent. I ar	egistered agent, or both, in the State of Floric m familiar with, and accept the obligations of,	a. Such change was auti Section 607.0505, Florid	norized by the corporation a Statutes.	n's board of directors. I hereby accept the app	ointment as reg	istered .
SIGNATŪRĒ		MOTE P	egistered Agent signature required	(when reinstation) DATE	<u> </u>	
	Signature, typed or printed name of registered agent and title OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.		☐ DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OF TOLING	☐ Change	Addition
TITLE	PD	C DECE1E			الما الما الما	C., 1.20001
NAME	WILLIAMS, ANN		1.2 NAME			İ
STREET ADORESS	1		1.3 STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL		1.4 CITY-ST-ZIP	<u> </u>		7 • • • • • • • • • • • • • • • • • • •
TITLE	VST	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	WILLIAMS, RAYMOND E.		2.2 NAME			
STREET ADDRESS	907 BUCK CT.		2.3 STREET ADDRESS			·
CITY-ST-ZIP	BRANDON FL		2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME ,	WILLIAMS, RAYMOND E.		3.2 NAME			
STREET ADDRESS	907 BUCK CT.		3.3 STREET ADDRESS			
CITY+ST-719	BRANDON FL		1:3.4: CITY-6T-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME •			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	* .	Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		•	I
CITY-ST-ZIP			5.4 CITY+ST+ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
	1		64 CITY-ST-7IP			

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: