

CORPORATION
ANNUAL REPORT
1998

DOCUMENT # **G59905** (1)

LOS AMIGOS BAR & POOL HALL, INC.

Principal Place of Business

SR 29 SOUTH
P.O. BOX 935
LABELLE FL 33935

Mailing Address

SR 29 SOUTH
P.O. BOX 935
LABELLE FL 33935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1983

4. FEI Number

59-2337718

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

LUCKEY JR., OWEN L.
722 TRADER ROAD
P.O. DRAWER 1820
LABELLE FL 33935

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 SD ☒ DELETE
NAME GARCIA, FRANCES
STREET ADDRESS STATE ROAD 29 S
CITY-ST-ZIP LABELLE F, L

TITLE TPD ☒ DELETE
NAME ELIZONDO, ANTONIA
STREET ADDRESS STATE ROAD 29 S
CITY-ST-ZIP LABELLE FL

TITLE PTD ☐ DELETE
NAME TEAL, LAWRENCE
STREET ADDRESS P.O. BOX 935 N/A
CITY-ST-ZIP LABELLE FL

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 PTD LAWRENCE Williams
3.3 STREET ADDRESS P.O. Box 26 N/A
3.4 CITY-ST-ZIP La Belle, FL 33975

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 700002662547
4.4 CITY-ST-ZIP -10/13/98-01043-021
***550.00

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.

SIGNATURE

CR2E034 (5/98)