

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90002 029 ***150.00

DOCUMENT # G63114

1. Corporation Name

RED CARPET LOUNGE, INC.



Principal Place of Business

937 NEW WARRINGTON RD
PENSACOLA FL 32506
US

Mailing Address

40 EMORY DR
PENSACOLA FL 32506
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1983

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 Post Office Box #3613

Suite, Apt. #, etc.

27

City & State

28

Pensacola, FL

Zip

29

32506

Country

30

USA

4. FEI Number

59-1621940

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

NEWMAN, CAROL A
40 EMORY DRIVE
PENSACOLA FL 32506

10. Name and Address of New Registered Agent

81 Name

Newman, Carol A.

82 Street Address (P.O. Box Number is Not Acceptable)

2105 Pin High Drive

83

84

City
Pensacola

FL

85

Zip Code
32526

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 D ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
NEWMAN, CAROL A.
40 EMORY DR
PENSACOLA FL

TITLE PVST ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
NEWMAN, CAROL A
40 EMORY DR
PENSACOLA, FL 00000

TITLE PTD ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
BOZEMAN, SALLIE J.
40 EMORY DR
PENSACOLA 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 D ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Newman, Carol A.
2105 Pin High Drive
Pensacola, FL 32526

2.1 TITLE PVST ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Newman, Carol A.
2105 Pin High Drive
Pensacola, FL 32526

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-99

850-456-5801

CR20234 (11/98)