

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H22812 (2)**

1. Corporation Name  
**THE SANDBAR RESTAURANT, INC.**



Principal Place of Business: **1220 SANDBAR PLACE AMELIA CITY FL 32034 US**  
Mailing Address: **1220 SANDBAR PLACE AMELIA CITY FL 32034 US**

3. Date Incorporated or Qualified: **09/26/1984**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **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 has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**POOLE, WESLEY R.  
303 CENTRE ST  
STE 200  
FERNANDINA BEACH FL 32034**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<del>VD</del> PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, PIERCE, JR.	
STREET ADDRESS	627 E LAKEROAD	
CITY-ST-ZIP	HAMMONDSPORT NY	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MADISON, JANINE J.	
STREET ADDRESS	<del>2403 GRAND TETON CIRCLE</del> WINTER PARK FL	
CITY-ST-ZIP		
TITLE	<del>STP</del> S/T	<input type="checkbox"/> DELETE
NAME	PALMER, JOYCE J.	
STREET ADDRESS	9407 SE 70TH PLACE	
CITY-ST-ZIP	MERCER ISLAND WA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OZBURN, LILY W.	
STREET ADDRESS	1214 SANDBAR PLACE	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		14840
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1681 BLUE RIDGE ROAD	
2.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		98040
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		32034
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Janine J. Madison* *Pierce Johnson Jr* 4/24/96 607-292-3912  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 JANINE J. MADISON PIERCE JOHNSON JR

CR2E034 (12/95)