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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 1:40

DOCUMENT # **H75314** **(5)**

1. Corporation Name
JERRY'S CRYSTAL BAR, INCORPORATED

Principal Place of Business	Mailing Address
106 S. 6TH ST. P.O. DRAWER 1047 DADE CITY FL 33526-6047	106 S. 6TH ST. P.O. DRAWER 1047 DADE CITY FL 33526-6047

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1985
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business	2a. Mailing Address
21 5707 Gall Boulevard	26 5707 Gall Boulevard
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27 N/A
City & State 23 Zephyrhills, Florida	City & State 28 Zephyrhills, Florida
Zip / Country 24 33540 / 25 USA	Zip / Country 29 33540 / 30 USA

4. FEI Number: 59-2588795 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SUMNER, ROBERT D.
106 S. 6TH ST
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name: KURT GEDDES
82 Street Address (P.O. Box Number is Not Acceptable): 5707 GALL BLVD
83
84 City: ZEPHYRHILLS FL 85 Zip Code: 33541

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: Kurt Geddes — 5/28/95
Signature, type or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required where mandated.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition PD
NAME	GEDDES, KURT	12 NAME	GEDDES KURT
STREET ADDRESS	38807 CAMBRIDGE DRIVE	13 STREET ADDRESS	37600 SKY RIDGE CIRCLE
CITY ST ZIP	ZEHYRHILLS FL	14 CITY ST ZIP	DADE CITY FL 33525
TITLE	VD	21 TITLE	☒ Change ☐ Addition VD
NAME	GEDDES, KAROL	22 NAME	GEDDES KAROL.
STREET ADDRESS	85 FOREST PARK ROAD	23 STREET ADDRESS	38807 CAMBRIDGE DR
CITY ST ZIP	LAND O'LAKES FL	24 CITY ST ZIP	ZEPHYRHILLS FL 33540
TITLE	STD	31 TITLE	☒ Change ☐ Addition STD
NAME	CHAUNCEY, GERI L.	32 NAME	CHAUNCEY GERRI L.
STREET ADDRESS	37149 NICOLE AVENUE	33 STREET ADDRESS	7536 OAKBROOK DR.
CITY ST ZIP	ZEPHYRHILLS FL	34 CITY ST ZIP	ZEPHYRHILLS FL 33540
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: 5/6/95 813-788-8580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0280485 CP