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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H98026

BULLWINKLE'S SALOON, INCORPORATED

Principal Place	e of Business	Mailing Address			****	L 1001/61/ 91/0 10/01 19/4	48 31 0 41 0 6311	#101) 81831 819		B H BHBH (88)	
% JAMES R. SI 620 WEST TENI TALLAHASSEE	NESSEE STREET		% James R. Smith 620 West Tennessee Street Tallahassee Fl 32304				T WRITE IN	THIS SPAC	E	···	
						3. Date Incorporated or Q 02/05/1986	ualifed				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			App	lied For	
21		26				59-2640002				Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status De	sired 🗌	F	ee Rec		
City & State	9	City & State				Election Campaign Final Trust Fund Contribution	- 11		5.00 Ñ		
Zip	Country Zip 25 29		Со. 30	intry		8. This corporation owes the current year Intangible Personal Property Tax.					
24	9. Name and Address of Curren		[30]	Γ		10. Name and Address o	New Regist				
	J. Hame and Address of Garren	. regiotorou rigo		81	Name				•		
SMITH, JAMES R. 620 WEST TENNESSEE STREET				82	Street Addr	Address (P.O. Box Number is Not Acceptable)					
	AHASSEE,FLL 32304										
				84	City			85	Zip C	ode	
				1	•			FL	·		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida St	atutes, the a	bove	-named corp	oration submits this statement	for the purpor v accept the	se of chang appointmen	ing its r t as red	registered istered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505,	Florida Stat	utes.	ano oorporatio	5170 50010 07 01,0000.0. 1 110.00	,				
SIGNATURE	4-7-		OTE B		-14	d when reinstating)		TE.			
12.	Signature, typed or printed name of registered ager OFFICERS AN	()	13.	Agent	signature require	ADDITIONS/CHANGES			ECTO	20 IN 10	
	0111021107111							13 ANU UI F	(こし)しに	KO IN IZ	
LE	PD	☐ DELETE		TLE		ADDITIONA/CHANGES	TO OFFICE		hange	Addition	
TITLE NAME	PD SMITH JAMES R.						TO OTT TOE				
	1		1.1 TI 1.2 N	AME	ADORESS		10 011 1021				
NAME STREET ADDRESS	SMITH JAMES R.		1.1 TI 1.2 N 1.3 S	AME			TO OFFICE				
NAME	SMITH JAMES R. 2116 RIDGETOP DRIVE		1.1 TI 1.2 N 1.3 S 1.4 C	ame Treet/ ITY-ST-			TO OTTIOL	. 🗆 °			
NAME STREET ADDRESS City-ST-ZIP	SMITH JAMES R. 2116 RIDGETOP DRIVE TALLAHASSEE FL	☐ DELETE	1.1 TI 1.2 N 1.3 S 1.4 C	AME TREET / ITY-ST- TLE			TO OFFICE	. 🗆 °	hange	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	SMITH JAMES R. 2116 RIDGETOP DRIVE TALLAHASSEE FL S	☐ DELETE	1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N	AME TREET A TY-ST- TLE AME			TO OFFICE	. 🗆 °	hange	☐ Addition	
NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME	SMITH JAMES R. 2116 RIDGETOP DRIVE TALLAHASSEE FL S SMITH, DANIEL J	☐ DELETE	E 1.1 TI 1.2 N 1.3 S' 1.4 C 2.1 TI 2.2 N 2.3 S' 2.4 C	AME TREET A TY-ST- TLE AME	-ZIP ADDRESS			. 🗆 c	hange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SMITH JAMES R. 2116 RIDGETOP DRIVE TALLAHASSEE FL S SMITH, DANIEL J 4020 BLINDBROOK CT	☐ DELETE	E 1.1 TI 1.2 N 1.3 S' 1.4 C 2.1 TI 2.2 N 2.3 S' 2.4 C	AME TREET TLE AME TREET CITY-ST	-ZIP ADDRESS			. 🗆 c	hange	☐ Addition	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

224-0651