

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 05 1997 8:00am
Secretary of State

DOCUMENT # **J15147** (8)

1. Corporation Name

RUBEN'S SALOON, EATERY & PACKAGE, INC.



Principal Place of Business

% RUBEN GONZALES
2100 DOG TRACK ROAD
PENSACOLA FL 32506

Mailing Address

% RUBEN GONZALES
2100 DOG TRACK ROAD
PENSACOLA FL 32506-9514

3. Date Incorporated or Qualified

05/19/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2728094

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

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

10. Name and Address of New Registered Agent

**GONZALES, RUBEN
7601 HWY. 98 W.
PENSACOLA FL**

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 of person or persons in charge of corporation and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1	DP	<input type="checkbox"/> DELETE
11.2	GONZALES, RUBEN	
11.3	2100 DOGTRACK RD.	
11.4	PENSACOLA FL	
11.5		<input type="checkbox"/> DELETE
11.6		
11.7		<input type="checkbox"/> DELETE
11.8		
11.9		<input type="checkbox"/> DELETE
11.10		
11.11		<input type="checkbox"/> DELETE
11.12		
11.13		<input type="checkbox"/> DELETE
11.14		
11.15		<input type="checkbox"/> DELETE
11.16		

12.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2	NAME	
12.3	STREET ADDRESS	
12.4	CITY - ST - ZIP	
12.5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6	NAME	
12.7	STREET ADDRESS	
12.8	CITY - ST - ZIP	
12.9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10	NAME	
12.11	STREET ADDRESS	
12.12	CITY - ST - ZIP	
12.13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14	NAME	
12.15	STREET ADDRESS	
12.16	CITY - ST - ZIP	
12.17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18	NAME	
12.19	STREET ADDRESS	
12.20	CITY - ST - ZIP	

14. I do 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: **Ruben Gonzales**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-97

CR2E034 (9/96)