


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

**FILED**

**May 09 1997 8:00am  
Secretary of State**

|  |    |  |    |
|--|----|--|----|
| <b>PROFIT CORPORATION ANNUAL REPORT</b><br> |    | FLORIDA DEPARTMENT OF STATE<br>Sheila R. Matheson<br>Secretary of State<br>DIVISION OF CORPORATIONS              |    |
| <b>DOCUMENT # J38705 (6)</b><br>1. Corporation Name<br><b>THE BRASS MONKEY LOUNGE, INC.</b>                                  |    | 2. Principal Place of Business<br>2a. Mailing Address<br>% JAMIE MURPHY<br>3424 MOBILE HWY<br>PENSACOLA FL 32505 |    |
| 21   | 22 | 23   | 24 |
| 25   | 26 | 27   | 28 |
| 29   | 30 | 31   | 32 |

|   |   |
|---|---|
| 3. Date Incorporation Filed   | 3a. Date of Last Report   |
| 10/17/1986  | 08/03/1995  |
| 4. FIC Number   | Applied For Not Applicable  |
| 59-2738621  |   |
| 6. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
| <input type="checkbox"/>  |   |
| 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees   |
| <input type="checkbox"/>  |   |
| 8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**MURPHY, JIMMIE  
3424 MOBILE HWY  
PENSACOLA FL 32505**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83. City  
84. State (FL)  
85. Zip Code

11. Pursuant to the provisions of s. 189.032, 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. Both the corporation and the person or persons named by this corporation's board of directors, if both, accept the appointment as registered office or agent, and accept the obligations of s. 189.032, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

|                |                   |   |
|----------------|-------------------|---|
| TITLE          | DP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MURPHY, JAMIE     |   |
| STREET ADDRESS | 3424 MOBILE HWY   |   |
| CITY, ST, ZIP  | PENSACOLA FL      |   |
| TITLE          | D                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MURPHY, SHEILA R. |   |
| STREET ADDRESS | 3424 MOBILE HWY   |   |
| CITY, ST, ZIP  | PENSACOLA FL      |   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 14. NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15. STREET ADDRESS |   |
| 16. CITY, ST, ZIP  |   |
| 17. NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. STREET ADDRESS |   |
| 19. CITY, ST, ZIP  |   |
| 20. NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21. STREET ADDRESS |   |
| 22. CITY, ST, ZIP  |   |
| 23. NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 24. STREET ADDRESS |   |
| 25. CITY, ST, ZIP  |   |

*RW 5-9-97*

**600002186126  
-05/21/97--01010--036  
\*\*\*165.00**

I do hereby certify that the information furnished on this statement is true and correct, and that I am an officer or director of the corporation or the registered agent for the corporation to which this report is required to be filed by Chapter 602, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, as required by the statute.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR