

**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 # J76694 (5)**  
1. Corporation Name  
**IRISH POP, INC.**



Principal Place of Business: **3650 GULF TO LAKE HWY  
INVERNESS FL 34453  
US**  
Mailing Address: **5671 S BARCO TERRACE  
INVERNESS FL 34452  
US**

3. Date Incorporated or Qualified: **06/09/1987**  
3a. Date of Last Report: **06/23/1995**  
4. FEI Number: **59-2819990**  
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: 21  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24  
Country: 25  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 27  
City & State: 28  
Zip: 29  
Country: 30

**9. Name and Address of Current Registered Agent**

**POE, GARY A.  
103 N. APOPKA AVE.  
INVERNESS FL 32650**

**10. Name and Address of New Registered Agent**

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

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 typed or printed (Name of registered agent and title, if applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>PVT</b> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINESKI, WILLIAM</b>	1.2 NAME
STREET ADDRESS	<b>5671 S BARCO TERR</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>INVERNESS FL</b>	1.4 CITY-ST-ZIP
TITLE	<b>SO</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRENCH, CAROL ANN SPAN</b>	2.2 NAME
STREET ADDRESS	<b>5671 S BARCO TERR</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>INVERNESS FL</b>	2.4 CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRENCH, CAROL ANN</b>	3.2 NAME
STREET ADDRESS	<b>5671 S BARCO TERR</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>INVERNESS FL</b>	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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: *Carol Ann French* **Carol Ann French** 4/10/96 904-344-2911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Day, Month, Year) Telephone #

CR2E034 (12/95)