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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90260 042 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J76694

1. Corporation Name
IRISH POP, INC.

Principal Place of Business
**3850 GULF TO LAKE HWY
 INVERNESS FL 34453
 US**

Mailing Address
**5671 S BARCO TERRACE
 INVERNESS FL 34452
 US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/09/1987

4. FEI Number
59-2819990

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 22 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country

2a. Mailing Address

26 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**POE, GARY A.
 103 N. APOPKA AVE.
 INVERNESS FL 34451**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | PVT | <input checked="" type="checkbox"/> DELETE |
| NAME | WINESKI, WILLIAM | |
| STREET ADDRESS | 5671 S BARCO TERR | |
| CITY-ST-ZIP | INVERNESS FL 34452 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | FRENCH-SPANGLER, CAROL ANN | |
| STREET ADDRESS | 5671 S BARCO TERR | |
| CITY-ST-ZIP | INVERNESS FL 34452 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FRENCH, CAROL ANN | |
| STREET ADDRESS | 5671 S BARCO TERR | |
| CITY-ST-ZIP | INVERNESS FL 34452 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------|--|
| 1.1 TITLE | PVT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | FRENCH-SPANGLER, CAROL ANN | |
| 1.3 STREET ADDRESS | 5671 S BARCO TERRACE | |
| 1.4 CITY-ST-ZIP | INVERNESS FLA 34452 | |
| 2.1 TITLE | WINESKI, WILLIAM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | 5671 S. BARCO TERRACE | |
| 2.3 STREET ADDRESS | INVERNESS FLA 34452 | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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 I changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: *Carol Ann Spangler French* **2/17/99** **352 344-2911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)