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 # **K09987** **(4)**

1. Corporation Name

THE ENGLISH TAVERN COMPANY

Principal Place of Business	Mailing Address
% MICHAEL B. MASON 3514 W. VINE ST KISSIMMEE FL 34741	% MICHAEL B. MASON 3514 W. VINE ST KISSIMMEE FL 34741

3. Date Incorporated or Qualified: **01/01/1988**
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business (21, 22, 23, 24, 25)
English Tavern Co. Inc.
1970 Osceola Pkwy. #131
Kissimmee, FL 34743

2a. Mailing Address (26, 27, 28, 29, 30)
English Tavern Co. Inc.
1970 Osceola Pkwy. #131
Kissimmee, FL 34743

4. FEI Number: **59-2872005** ☐ 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

9. Name and Address of Current Registered Agent

MASON, MICHAEL B.
3514 W. VINE ST
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name: JACQUELINE MASON
82 Street Address (P.O. Box Number is Not Acceptable): 1819 PEACHTREE BLVD
83: ST CLOUD 1
84 City: FL. **FL** 85 Zip Code: 34769

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: Jacqueline Mason V.P. 4-04-96
Signature, typed or printed name of registered agent 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		
TITLE	PT	☐ DELETE	1.1 TITLE	PT	☒ Change ☐ Addition
NAME	MASON, MICHAEL B.		1.2 NAME	MICHAEL MASON	
STREET ADDRESS	3514 W. VINE ST		1.3 STREET ADDRESS	1970 OSCEOLA PKWY # 131	
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP	KISSIMMEE FL. 34743	
TITLE	VS	☐ DELETE	2.1 TITLE	VS	☒ Change ☐ Addition
NAME	MASON, JACQUELINE M.		2.2 NAME	JACQUELINE MASON	
STREET ADDRESS	3514 W. VINE ST		2.3 STREET ADDRESS	1970 OSCEOLA PKWY #131	
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY-ST-ZIP	KISSIMMEE FL. 34743	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Jacqueline Mason VP/Secty. 4-04-96 407 8732569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #