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

FILED Mar 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K91341 (3)J.R.'S BAR & LOUNGE, INC. Principal Place of Business Mailing Address JOHN R. REA, JR. JOHN R. REA. JR. 2043 SOUTH US 1 2043 SOUTH US 1 DO NOT WRITE IN THIS SPACE FT. PIERCE FL 34950 FT. PIERCE FL 34950 3. Date Incorporated or Qualified 05/30/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0143608 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Ζıp Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REA, JOHN R JR. 2043 S US 1 Street Address (P.O. Box Number is Not Acceptable) 82 FT. PIERCE FL 34950 83 64 City **B**5 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, typed or prinfed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TALE Change Addition TITLE REA, JOHN R. SR. 1.2 NAME 1215 S 11TH ST STREET ADDRESS 1.3 STREET ADDRESS FT. PIERCE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP STD DELETE Addition 2.1 TITLE TITLE REA, JOHN R. JR. 2.2 NAME NAME 2043 S US 1 2.3 STREET ADDRESS STREET ADDRESS FT. PIERCE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE REA. KATHLEEN B NAME 3.2 NAME 1215 S 11 ST STREET ADDRESS 3.3 STREET ADDRESS FT PIERCE FL 3.4. CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling 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 to the receiver or furstee 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

16 MARCH 98 561-461-6722

Change

Change

Addition

Addition