

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L32127 (7)
1. Corporation Number
ROCK SPRINGS BAR & GRILL, INC.

Principal Place of Business Mailing Address
**4939 ROCK SPRINGS ROAD
APOPKA FL 32712-5751** **4939 ROCK SPRINGS ROAD
APOPKA FL 32712-5751**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 11/28/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 59-0997101	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 authority for directors to file under 5-1207, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21	2a. Mailing Address 26
State Apt # etc. 22	State Apt # etc. 27
City & State 23	City & State 28
24	25
29	30

9. Name and Address of Current Registered Agent OLDFIELD, DEBORAH 4939 ROCK SPRINGS RD APOPKA FL 32712	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
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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 of Registered Agent or Representative of Registered Agent _____
Signature of Registered Agent or Representative of Registered Agent _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME PSTV OLDFIELD, DEBORAH 26435 BAIRD AVE. SORRENTO FL	1. TITLE	☐ Change ☐ Addition	
2. NAME	2. TITLE	☐ Change ☐ Addition	
3. NAME	3. TITLE	☐ Change ☐ Addition	
4. NAME	4. TITLE	☐ Change ☐ Addition	
5. NAME	5. TITLE	☐ Change ☐ Addition	
6. NAME	6. TITLE	☐ Change ☐ Addition	
7. NAME	7. TITLE	☐ Change ☐ Addition	
8. NAME	8. TITLE	☐ Change ☐ Addition	
9. NAME	9. TITLE	☐ Change ☐ Addition	
10. NAME	10. TITLE	☐ Change ☐ Addition	
11. NAME	11. TITLE	☐ Change ☐ Addition	
12. NAME	12. TITLE	☐ Change ☐ Addition	
13. NAME	13. TITLE	☐ Change ☐ Addition	
14. NAME	14. TITLE	☐ Change ☐ Addition	
15. NAME	15. TITLE	☐ Change ☐ Addition	
16. NAME	16. TITLE	☐ Change ☐ Addition	
17. NAME	17. TITLE	☐ Change ☐ Addition	
18. NAME	18. TITLE	☐ Change ☐ Addition	
19. NAME	19. TITLE	☐ Change ☐ Addition	
20. NAME	20. TITLE	☐ Change ☐ Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the corporation stated on this form. I am a director of the corporation and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Deborah A. Oldfield*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR