SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS L32127 **DOCUMENT # ROCK SPRINGS BAR & GRILL, INC.** Principal Place of Business Mailino Address 4939 ROCK SPRINGS ROAD 4939 ROCK SPRINGS ROAD APOPKA FL 32712-5751 APOPKA FL 32712-5751 3. Date Incorporated or Qualified 3a. Date of Last Fleport 11/28/1989 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 21 59-0997101 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zια Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 OLDFIELD, DEBORAH 82 Street Address (P.O. Box Number is Not Acceptable) '4939 ROCK SPRINGS RD APOPKA FL 32712 83 84 City Zio Code 85 11. P *suant 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 of egistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Standard typed or printed name of registriod by our activities applicable (14.)*E. Projecto est Asperit signal de regioned when remotating CIATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSTV TITLE DELETE 1-3 TITLE Change Addition OLDFIELD, DEBORAH NAME 1.2 NAME 26435 BAIRD AVE. STREET ADDRESS 1.3 STREET ADDRESS SORRENTO FL CITY - S1 - ZIP L4 CHY - ST- ZIP TITLE DELETE 2 1 THILE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY -ST-ZiP 2 4 CITY - \$1 - Z/P THE DELETE 3 1 T:TLF Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIF 3.4 CITY - S1 - 2IP TITLE DELETE 4 1 TIFE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-ST-ZIF 4.4.0-TY - ST - 2:P TITLE DELETE 9000018184**65**% -05/13/96--01037--043 5 1 TILE ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS ***200.00 CITY - ST - ZIF 5.4 CITY - ST ZIP TITLE DELETE 6 1 TII .€ Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY - St - Z/P and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further fort is 1 fe and a corate and that my signature shall have the same legal effect as if made under lowers to execute this report as required by Chapter 607, Florida Statutes, and that my name I do hereby certify that the information supplied with this firing certify that the information indicated on this annual report or oath, that I am an officer or q appears in Block 12 or Block

4-16 -96 ...

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