

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 11 2:43

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # **L74939** (4)
AUGIE'S PUB, INC.

Principal Office Location: **7021 HIMES AVE. TAMPA FL 33614**
Mailing Address: **7021 HIMES AVE. TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Subject 05/21/1990	3a. Date of Last Report 04/08/1994
4. FFI Number 59-3015136	Approved For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Office Location 21	2a. Mailing Address 26
Subs. Apt. # or 22	Subs. Apt. # or 27
City & State 23	City & State 28
Zip 24	Zip 29
25	30

9. Name and Address of Current Registered Agent BAHRENFUS, SUSAN 7021 NORTH HIMES AVENUE TAMPA FL 33614	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81. Name SMITTY SMITH</td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable) 3802 EHRlich ROAD, SUITE 210</td> </tr> <tr> <td>83. City</td> </tr> <tr> <td>84. City TAMPA</td> </tr> <tr> <td>85. Zip Code FL 33624</td> </tr> </table>	81. Name SMITTY SMITH	82. Street Address (P.O. Box Number is Not Acceptable) 3802 EHRlich ROAD, SUITE 210	83. City	84. City TAMPA	85. Zip Code FL 33624
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83. City						
84. City TAMPA						
85. Zip Code FL 33624						

11. I, the undersigned, being duly qualified under Sections 200.01 and 200.02, Florida Statutes, hereby recommend corporation subject to this statement for the purpose of electing the registered officer and registered agent as set forth in this statement, with respect to the corporation's board of directors. I hereby accept the appointment as registered agent. I am a shareholder of the corporation as set forth in the Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/20/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	P BAHRENFUS, SUSAN 15145 NIGHTHAWK DRIVE TAMPA FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. NAME	
CITY, ST, ZIP		3. STREET ADDRESS	
NAME	ST BAHRENFUS, SUSAN 15145 NIGHTHAWK DRIVE TAMPA FL	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. NAME	
CITY, ST, ZIP		6. STREET ADDRESS	
NAME		7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. NAME	
CITY, ST, ZIP		9. STREET ADDRESS	
NAME		10. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. NAME	
CITY, ST, ZIP		12. STREET ADDRESS	
NAME		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. NAME	
CITY, ST, ZIP		15. STREET ADDRESS	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information and what 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 shareholder 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 on Block 12 of Block 13 if changed or on any attachment with an address.

SIGNATURE: *[Signature]* **SUSAN BAHRENFUS** DATE: **4-20-95** TELEPHONE: **813-935-3849**