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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(8)

THUNDERBAY CAFE, INCORPORATED

FILED May 19 1998 8:00am Secretary of State



9. Name and Address of Current Registered Agent HUTCHINS, SUZANNE 8515 \$UNBEAM LANE TAMPA FL 33615 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees rent year Intangible Yes \(\) No
TAMPA FL 33615 US TAMPA FL 3361	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ent year Intangible Yes No
2. Principal Place of Business	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ent year Intangible Yes No
2. Principal Place of Business 2. Mailing Arddress 4. FEI Number 59-30 18752	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ent year Intangible Yes No
Suite, Apt. #, etc. City & State City & State Zip Country Zip Country Zip Country Zip Country Zip Signature Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Zip Country Zip Country Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ent year Intangible Yes No
Suite, Apt. #, etc. 27 City & Stato City & Stato 28 Zip Country Zip Name and Address of Current Registered Agent HUTCHINS, SUZANNE 8515 \$UNBEAM LANE TAMPA FL 33615 81 Name 82 Sircet Address (P.O. Box Number is Not Acceptable) FL 11. Pursuant to the provisions of Sections 607 0Ho2 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of I lorida Such change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of conficient statement registered agent, or both, in the State of I lorida Such change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of conficient statement registered agent, or both, in the State of I lorida Such change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of conficient statement registered agent, or both, in the State of I lorida Such change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of conficient statement registered agent at the obligations of the corporation submits this statement for the purpose of conficient statement registered agent at the obligations of the corporation submits this statement for the purpose of conficient statement registered agent at the corporation submits this statement for the purpose of conficient statement registered agent at the corporation submits this statement for the purpose of conficient statement for the purpose of the appointment of the p	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees ent year Intangible Yes No
City & State Country Country City & Country City & Country City & State Country Cou	Fee Required \$5.00 May Be Added to Fees rent year Intangible Yes No
28 Trust Fund Contribution Capability Zip Country Zip Country Zip Country St. This corporation owes or has paid the curre Personal Property Tax due June 30. St. This corporation owes or has paid the curre Personal Property Tax due June 30. St. This corporation owes or has paid the curre Personal Property Tax due June 30. St. This corporation owes or has paid the curre Personal Property Tax due June 30. St. This corporation owes or has paid the curre Personal Property Tax due June 30. St. This corporation owes or has paid the curre Personal Property Tax due June 30. St. This corporation owes or has paid the curre Personal Property Tax due June 30. St. This corporation owes or has paid the curre Personal Property Tax due June 30. St. This corporation owes or has paid the curre Personal Property Tax due June 30. St. This corporation owes or has paid the curre Personal Property Tax due June 30. St. This corporation owes or has paid the curre Personal Property Tax due June 30. St. This corporation owes or has paid the curre Personal Property Tax due June 30. St. This corporation owes or has paid the curre Personal Property Tax due June 30. St. This corporation owes or has paid the curre Personal Property Tax due June 30. St. This corporation owes or has paid the curre Personal Property Tax due June 30. St. This corporation of the property Tax due June 30. St. This corporation of the property Tax due June 30. St. This corporation of the property Tax due June 30. St. This corporation of the property Tax due June 30. St. This corporation of the property Tax due June 30. St. This corporation of the property Tax due June 30. St. This corporation of the property Tax due June 30. St. This corporation of the property Tax due June 30. St. This corporation of the personal Property Tax due June 30. St. This corporation of the personal Property Tax due June 30. St. This corporation of the personal Property Tax due June 30. St. This corporation of the person	Added to Fees Tent year Intangible Yes No Agent
Zip Country Zip Country Zip Country 25	ent year Intangible Yes □ No Agent
9. Name and Address of Current Registered Agent HUTCHINS, SUZANNE 8515 \$UNBEAM LANE TAMPA FL 33615 11. Pursuant to the provisions of Sections 607.0002 and 607.1508. Florida Statutes 12. OF FOR REGISTER OF Florida Such change was authorized by the corporation submits this statement for the purpose of 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 abpoarance with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OF FOR RS AND OTHE CHORS AND OTHE CHORS TITLE PST MAME HUTCHINS, SUZANNE SIREET ADDRESS 6717-ST-ZIP TITLE MAME SHEET ADDRESS 617Y-ST-ZIP TITLE SHEET ADDRESS 617Y-ST-ZIP TITLE DELETE J DELETE J SHEET ADDRESS 617Y-ST-ZIP TITLE DELETE J DELETE J SHEET ADDRESS 617Y-ST-ZIP TITLE DELETE J SHEET ADDRESS 617Y-ST-ZIP TITLE J J SHEET ADDRESS ADDRESS ADDRESS ADDRESS ADDRES	Ĭ Yés □ No gent
9. Name and Address of Current Registered Agent HUTCHINS, SUZANNE 8515 \$UNBEAM LANE TAMPA FL 33615 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 conflict or registered agent, or both, in the State of Horida Statutes, the above-named corporation submits this statement for the purpose of conflict or registered agent, or both, in the State of Horida Statutes, the above-named corporation's board of directors, thereby accept the appoint a submits this statement for the purpose of conflict or registered agent, or both, in the State of Horida Statutes, the above-named corporation's board of directors, thereby accept the appoint agent with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature Signature type of registered agent, or both, in the State of Horida Statutes, the above-named corporation submits this statement for the purpose of conflict statutes. Signature type of registered agent, or both, in the State of Horida Statutes, the above-named corporation submits this statement for the purpose of conflict statutes. Signature type of registered agent, or both, in the State of Horida Statutes. Signature type of registered agent, or both accept the obligations of Science of City Beginning the corporation's board of directors, the representation of directors, the above-named corporation submits this statement for the purpose of conflict statement for the purpose of	Agent
HUTCHINS, SUZANNE 8515 \$UNBEAM LANE TAMPA FL 33615 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.01/02 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of conflict or registered agent and the Papelage of Conflict of Total Statutes. SIGNATURE Signature PST	
B515 \$UNBEAM LANE TAMPA FL 33615 B2 Street Address (P.O. Box Number is Not Acceptable)	85 Zip Code
TAMPÀ FL 33615 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 coffice or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment of purpose of complete agent and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typical in production production of and too Physical Registered Agent signature required when re-islating) DATE 12. OF FICE RS AND THE CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND THE CTORS ITHE PST DELETE 1.1 THE NAME HUTCHINS, SUZANNE STREET ADDRESS 6719-S1-ZIP TILLE DELETE 2.1 THE NAME STREET ADDRESS CITY-S1-ZIP TILLE DELETE 3.1 THE DELETE 3.1 THE	85 Zip Code
11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of conflict or registered agent, or both, in the State of Lorida Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent, I am femiliar with, and accept the obligations of, Section 607.05:05, Florida Statutes. SIGNATURE Signature Sig	85 Zip Code
11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of conflict or registered agent, or both, in the State of Lorida Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent, I am femiliar with, and accept the obligations of, Section 607.05:05, Florida Statutes. SIGNATURE Signature Sig	2.5 222
office or registered agent, or both, in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appoagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typical or pends a centre of repotated agent and tice if alpide tick. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE NAME HUTCHINS, SUZANNE STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 1.1 TITLE DELETE 2.1 TITLE AMME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE	
DELETE	
NAME HUTCHINS, SUZANNE 1.2 NAME 1.3 STREET ADDRESS 6515 SUNBEAM LANE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE DELETE DELETE 3.1 TITLE DELETE DELETE 3.1 TITLE DELETE DE	Change Addition
STREET ADDRESS SUNBEAM LANE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TAMPA, FL 33815	
TITLE DELETE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE	
NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE	Change Addition
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-S1-ZIP 2.4 CITY-S1-ZIP	
TITLE DELETE 3.1 THLE	
	Change Addition
STREET ADDRESS 33 STREET ADDRESS	
CITY-ST-ZIP 34. CITY-S1-ZIP	
	Change Addition
NAME 4. 2 NAME	
STREET ADDRESS 43 STREET ADDRESS	
CITY-ST-ZIP 44 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE	Change Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-SI-ZIP	The Talent
THE CONTROL OF THE	Change Addition
NAME 62 NAMI	
STREET ADDRESS 6.3 STREET ADDRESS	
64 CITY-ST-ZIP 6 4 CITY-ST-ZIP 14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cert	

indicated on this annual report or suppliencental annual report is true and accurate and that my signature shall have the same legal offect 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.