FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 JUN -1 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporate Name
POP A TOP LOUNGE OF NICEVILLE, INC

DOCUMENT #
L91999 (7)

Mailing Address
1017 JOHN SIMS PKWY
NICEVILLE FL 32578

Principal Place of Business
1017 JOHN SIMS PKWY
NICEVILLE FL 32578

If above addresses are incorrect, enter the correct information and write "correction" below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1990
3a. Date of Last Report: 05/13/1993

2. Mailing Address (21)
2a. Principal Place of Business (26)

4. FEI Number: 59-2096483 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) (27)

5. Certificate of Status Desired: $8.75 Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

City & State (23) (28)

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

Zip (24) Country (25) Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAYES, HOWARD DOUGLAS
1017 JOHN SIMS PKWY
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE (Registered Agent's Signature, Required When Registered Agent Is Changing) DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	~~S P~~	11 TITLE	V
12 NAME	HAYES, HOWARD DOUGLAS	12 NAME	GAYNELL POWELL
13 STREET ADDRESS	1017 JOHN SIMS PKWY	13 STREET ADDRESS	1111 CORAL DR.
14 CITY ST ZIP	NICEVILLE FL	14 CITY ST ZIP	NICEVILLE, FL. 32578
21 TITLE	~~D~~	21 TITLE	S
22 NAME	~~HAYES, SUSAN KAY~~	22 NAME	SAMUEL C. CAROTHERS
23 STREET ADDRESS	~~1017 JOHN SIMS PKWY~~	23 STREET ADDRESS	384 ANDREW DR.
24 CITY ST ZIP	~~NICEVILLE FL~~	24 CITY ST ZIP	VALPARAISO, FL. 32542
31 TITLE		31 TITLE	
32 NAME		32 NAME	700001503997
33 STREET ADDRESS		33 STREET ADDRESS	-06/02/95--01005--008
34 CITY ST ZIP		34 CITY ST ZIP	****225.00 ****225.00
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howard Douglas Hayes 5/1/95 678-2352
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)