

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90037 037 ***150.00

DOCUMENT # **M66490**

1. Corporation Name
M.J.'S PUB, INC.

Principal Place of Business

**C/O GARY W. BRUNELLE
5330 CLEVELAND AVE
FT MYERS FL 33907**

Mailing Address

**C/O GARY W. BRUNELLE
5330 CLEVELAND AVE
FT MYERS FL 33907**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1988

4. FEI Number

59-2875353

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 11480 S. Cleveland Ave.

Suite, Apt. #, etc.

City & State

23 Fort Myers, FL

Zip

24 33907

Country

25 LCC

2a. Mailing Address

26 11480 S. Cleveland Ave.

Suite, Apt. #, etc.

City & State

28 Fort MYERS FL

Zip

29 33907

Country

30 LCC

9. Name and Address of Current Registered Agent

**BRUNELLE, GARY W.
5330 CLEVELAND AVE
FT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11480 S. Cleveland Ave

83

Fort Myers

84 City

FL

85 Zip Code

33907

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 **Mary Jane Brunelle**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-22-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE

NAME **BRUNELLE, GARY W.**
STREET ADDRESS **5330 CLEVELAND AVE.**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **VP** ☐ DELETE

NAME **BRUNELLE, MARY JANE**
STREET ADDRESS **5330 CLEVELAND AVE**
CITY-ST-ZIP **FT MYERS FL**

TITLE **S** ☐ DELETE

NAME **BRUNELLE, MARY JANE**
STREET ADDRESS **5330 CLEVELAND AVE**
CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

11480 S. Cleveland Ave

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

11480 S. Cleveland Ave

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

11480 S. Cleveland Ave

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 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, with all other like empowered.

SIGNATURE: **Mary Jane Brunelle**

Signature, typed or printed name of signing officer or director

4-22-99

Date

941278-0770

Daytime Phone #

CR2E034 (11/98)