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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

FILED Jan 26 1998 8:00am Secretary of State

HOG'S	BREATH SALOON OF KEY	WEST, INC.			
Principal Place	of Business	Mailing Address			TALLE MANTE MENTE MENEL STATE GEGET FSM:
400 FRONT S		C/O DAVID PAUL HORN. E	ESQ		
KEY WEST FL 33040		P.O. BOX 1394			
บร		FT. WALTON BEACH F 325	549	DO NOT WRITE II	1 THIS SPACE
		US		3. Date Incorporated or Qualified	·
		T		09/08/1988	
	ace of Business	2a. Mailing Address	00 5	4. FEI Number	Applied For
21	D	26 737 Highway	98 East	65-0071732	Not Applicable
Suite, Apt, i	#, eIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27 Un 1 t # 4 City & State			Fee Required
<u> </u>	7	28 Destin, FL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25		30 Ckaloosa	Personal Property Tax due June 3	
24	9. Name and Address of Current		30 0 2 4 2 0 0 5 4	10. Name and Address of New Regi	·
HOI	RAN, DAVID PAUL, ESQ.	g	81 Name	10. Hame and Paris of the Hoge	- I some second
				ary S Aswalt	1
608 WHITEHEAD STREET			82 Street A	ory S Oswalt ddress (P.O. Box Number is Not Acceptable) .
KEY WEST FL 33040			737 I	lighway 98 East	
			83		į.
			84 City	_#4 *	85 Zip Code
			Desti	in, 🔧	FL 85 Zip Code 32541
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 to 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.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statistics					
SIGNATURE .	Gregory S Oswall Signature, ryped or printed name or registered agent	- E	////4	Janu	ary 15, 1998
	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature is	ADDITIONS/CHANGES TO OFFICE	
12.	PDO OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
}	DORMINY, JERRY	E DECETE	1.2 NAME		E shange E yeardin
NAME	737 HWY 98 EAST; UNIT #4		1 1		Įģ
STREET ADDRESS	DESTIN FL		1.3 STREET ADDRESS		1
CITY-ST-ZIP	DESTINATE	DELETE	1.4 CITY-ST-ZIP		Change Addition C
TITLE		☐ DETE(E	2.1 TITLE		☐ Change ☐ Addition C
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
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		ļ
STREET ADDRESS			4,3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		- 	5.2 NAME		- —
STREET ADDRESS			5.3 STREET ADDRESS		

CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP	ORBITATION CONTROL OF STREET	Change Addition
TITLE		□ nereie	6.1 TITLE		☐ cuarão ☐ Madition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby or	ertify that the information supplied with	n this filing does not qualify for	the exemption stated	in Section 119.07(3)(i), Florida Statutes. I fu	riner certify that the information

npowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in