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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

## DIVISION OF CORPORATIONS FILED P93000012520 (1) MAY 13 PH 4:06 DOCUMENT # SECRETARY OF STATE PASS-A-GRILLE ART COLONY, INC. Principal Place of Business Mailing Address **107 8TH AVE** 107 8TH AVE ST PETE BEACH FL 33706 ST PETE BEACH FL 33706 3a. Date of Last Report 3. Date incorporated or Qualified LIS US 02/18/1993 05/01/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3180243 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, Zκ Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAILEY, JOHN E 82 Street Address (P.O. Box Number is Not Acceptable) 1405 GULF WAY 83 ST PETE BEACH FL 33706 City 85 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) Signature: typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1. 1 TITLE HILLE BAILEY, JOHN E NAME 12 NAME 1405 GULF WAY STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL 1.4 CITY-ST-ZIP CEV - \$1 - 719 100002181761--05/16/97--01102--011 Addition HILE ☐ DELETE 2.1 TITLE BAILEY, PETER C NAME 22 NAME 475 ST GEORGES CT STREET ADDRESS 2.3 STREET ADDRESS \*\*\*\*200.00 \*\*\*\*200.00 SATELLITE BEACH FL 32937 2.4 CITY-ST-ZIP CITY - S1 - ZIP Change Addition DELETE. 3. 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3. STREET ADDRESS 3.4 CITY-ST-ZIP COY-51-7IP Change Addition DELETE 4. 1 TITLE 4.2 NAME at IAVIÉ STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - S1 - ZIP TITLE DELETE Change Addition 5. 1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** City-St-ZiP 5.4 CITY - ST - ZIP Addition DELETE ☐ Change 6. 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate another that I am an officer or director of the corporation or the receiver or trustee embowered to execute this report at 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: