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

**FILED** Apr 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P93000017476 (1) DOCUMENT # BOBBY D'S BEACH BAR, INC. Principal Place of Business Mailing Address 12 VIA DE LUNA P.O. BOX 162 PENSACOLA BEACH FL 32561 **GULF BREEZE FL 32562** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/03/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3173581 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent **B1** Name DRAPER, LANA L 12 VIA DE LUNA Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32561 83 84 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 of 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 that and accept the objection 607.0505, Florida Statutes of name of registered agent and title if applicable earia 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **DELETE** Change Addition TITLE 1.1 TITLE DRAPER, ROBERT D 1.2 NAME NAME 12 VIA DE LUNA STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA BEACH FL 32561 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4.2 AME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TY-ST-ZIP DELETE Addition TI F TITLE 511 NAME 52 N AME STREET ADDRESS REET ADDRESS CITY-ST-ZIP TY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIF

14. I hereby certify that the information supplied with this filling does not qualify for the exindicated on this annual report or supplemental annual report is frue and accurate a officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if chapted, or on an attachment with an address. 10

DELETE

ILE

ME

REET ADDRESS

mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I that my signature shall have the same legal effect as if made under oath; that I am an his report as required by Chapter 607, Florida Statutes; and that my name appears in

Change

Addition

CR2E034

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