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Feb 24, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000022993

1. Corporation Name

BOBBY HODGE'S LONGHORN SALOON, INC.



Principal Place of Business

Mailing Address

**7522 N. ARMENIA AVENUE
TAMPA FL 33604**

**7522 N. ARMENIA AVENUE
TAMPA FL 33604**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1993

2. Principal Place of Business

2a. Mailing Address

21 11234 W. Hillsborough AVE

26 11234 W. Hillsborough AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Box 3

27 Box 3

City & State

City & State

23 Tampa FL

28 Tampa FL

Zip

Country

Zip

Country

24 33634

25 Hillsboro

29 33634

30 Hillsboro

4. FEI Number

59-3174640

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HODGE, BOBBY SR

**7522 N. ARMENIA AVENUE
TAMPA FL 33604**

81 Name

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

11234 W. Hillsborough Ave

83

84 City

Tampa

FL

85 Zip Code

33634

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **HODGE, BOBBY SR**
CITY-ST-ZIP **7522 NORTH ARMENIA AVENUE
TAMPA FL**

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME **PD**
1.3 STREET ADDRESS **HODGE, BOBBY SR**
1.4 CITY-ST-ZIP **11234 W. Hillsborough Ave
Tampa, FL 33634**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HODGE, MARY**
CITY-ST-ZIP **7522 NORTH ARMENIA AVENUE
TAMPA FL**

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **MARK HODGE**
2.4 CITY-ST-ZIP **11234 W. Hillsborough Ave
Tampa, FL 33634**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Bobby Hodge Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99
Date

813-920-4422
Daytime Phone #

CR2E034 (11/98)