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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000023234 (6)
 1. Corporation Name
NO NAME SALOON, INC.

Principal Place of Business 6995 66TH STREET NORTH PINELLAS PARK FL 34665	Mailing Address 6995 66TH STREET NORTH PINELLAS PARK FL 34665
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 03/26/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 26-2900670	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WOHLGEMUTH, KENNETH C
6995 66TH STREET NORTH
PINELLAS PARK FL 34665**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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.

SIGNATURE _____ (Registration, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when re-registering) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME WOHLGEMUTH, KENNETH C	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 126 13TH AVE., NE	CITY-ST-ZIP ST. PETERSBURG FL	2. NAME	
TITLE STD	NAME WOHLGEMUTH, NANCY	3. STREET ADDRESS	
STREET ADDRESS 126 13TH AVE., NE	CITY-ST-ZIP ST. PETERSBURG FL	4. CITY-ST-ZIP	
TITLE	NAME	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6. NAME	
TITLE	NAME	7. STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	8. CITY-ST-ZIP	
TITLE	NAME	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	10. NAME	
TITLE	NAME	11. STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	12. CITY-ST-ZIP	
TITLE	NAME	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	14. NAME	
TITLE	NAME	15. STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	16. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not conflict with the information indicated on this annual report or supplemental annual report in two parts, that I am an officer or director of the corporation or the receiver or trustee empowered to appear in Block 12 or Block 13 if changed, or on an attachment with an address equally for the exception stated in Section 199.0306, Florida Statutes. I further certify that my signature shall have the same legal effect as if made under oath. This report is required by Chapter 807, Florida Statutes, and that my name is accurate and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Nancy Wohlgemuth*
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4-23-95 **813-821-8189**
 Date Telephone #