

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000024330 (1)

1. Corporation Name

BIG SKY STEAK HOUSE & SALOON, INC.



Principal Place of Business

Mailing Address

615 E. ROBINSON
400
ORLANDO FL 32801
US

315 E. ROBINSON
100
ORLANDO FL 32801
US

2. Principal Place of Business

2a. Mailing Address

21 101 Phillippe Parkway

26 101 Phillippe Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste 300

27 Ste 300

City & State

City & State

23 Safety Harbor, FL

28 Safety Harbor FL

Zip

Zip

24 34695

29 34695

Country

Country

25 U.S.A.

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/31/1993

3a. Date of Last Report

08/14/1995

4. FEI Number

59-3176446

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

A.G.C. CO.
200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801

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

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

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CCEO
NAME PARKER, GERALD
STREET ADDRESS 470 PALM ISLAND NE
CITY - ST - ZIP CLEARWATER

☐ DELETE

TITLE P
NAME LODOLCE, PATRICIA M.
STREET ADDRESS 937 MILLERBECK AVE
CITY - ST - ZIP DELTONA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chairman/CEO

8/1/96

813-669-0759

Daytime Phone #

CR2E034 (3/96)