

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P93000033831

1. Corporation Name  
SANDCASTLE GRILL, INC.

Principal Place of Business  
15675 MCGREGOR BLVD  
FT MYERS FL 33908  
US

Mailing Address  
15675 MCGREGOR BLVD  
FT MYERS FL 33908  
US

FILED

99 SEP 10 PM 3: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/10/1993

4. FEI Number  
65-0412099

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. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

9. Name and Address of Current Registered Agent

POWELL, WILLIAM M  
2002 DEL PRADO BLVD.  
SUITE 105  
CAPE CORAL FL 33990

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE ☒ Change ☐ Addition

1.2 NAME John Lamberg

1.3 STREET ADDRESS PO Box 759

1.4 CITY-ST-ZIP Bokeelia, FL 33922

2.1 TITLE ☐ DELETE ☒ Change ☐ Addition

2.2 NAME SALLY Lamberg

2.3 STREET ADDRESS PO Box 759

2.4 CITY-ST-ZIP Bokeelia, FL 33922

3.1 TITLE ☐ DELETE ☒ Change ☐ Addition

3.2 NAME Marilyn Lamberg

3.3 STREET ADDRESS 4526 S.W. 6th Ave.

3.4 CITY-ST-ZIP Cape Coral, FL 33914

4.1 TITLE ☐ DELETE ☒ Change ☐ Addition

4.2 NAME Marilyn Lamberg

4.3 STREET ADDRESS 4526 S.W. 6th Ave

4.4 CITY-ST-ZIP Cape Coral, FL 33914

5.1 TITLE ☐ DELETE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 included 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.

SIGNATURE: *Sally Lamberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 941-482-1166  
Daytime Phone #

CR2E034 (5/99)