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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000034900 (9)

LUCKY SNAPPER GRILL & BAR, INC.

Principal Place of Business	Mailing Address			
76 HIGHWAY 98 EAST DESTIN FL 32541	76 HIGHWAY 98 EAST DESTIN FL 32541-2310			
2. Principal Place of Business	2a. Mailing Address			

FILED Apr 28 1997 8:00am Secretary of State



Principal Place of Business Mailing Address				I HODINADI NIO IDIDO IIIII DOIN BANT DONN ESPONININ DIANA IDIII GANK DEIK NOBEL				
76 HIGHWAY 98 EAST 76 HIGHWAY 98 EAST								
DESTIN FL 325		DESTIN FL 32541-2310				1		
	•					3. Date Incorporated or Qualified 05/10/1993	3a. Date of La 02/27/199	
	ace of Business	2a. Mailing Address				4. FEI Number	7-1-11	Applied For
26			59-3181527 Not Applica					
Sulte, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional e Required
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zip Country				8. This corporation has liability for in	tangible tax und	der s. 199.032,
24	25	29	30	·			Yes No	·
	9. Name and Address of Current	Registered Agent		041		10. Name and Address of New Reg	istered Agent	
	A C. MATTHEWS, P.A.			81	Name			
	HIGHWAY 98 EAST			82	Street Addr	ess (P.O. Box Number is Not Acceptabl	e)	
DES	TIN FL 32541			83				
				84	City		FL 85	Zip Code
l office or r	egistered agent, or both, in the State o	of Florida. Such change was:	authorizea	d by tl	named corp he corporat	poration submits this statement for the purion's board of directors. I hereby accept	rpose of chang the appointmen	ing its registered it as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607 5505, FI	lorida Stat	lules.		•		
SIGNATURE	Signature, typed or printed name of registered again	tund itte dappteable (NO)	*E Frigistere	d Agent	signature requi	ed when relestating)	DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	1.1 H	T(F	- (Cha	nge 🔲 Addition 🖟
NAME	LEWIS, R W		1.2 N/			n Gulfshores bri	100	
STREET ADDRESS	ONE HUNDRED GULF SHORE	DR SUITE GOON		TREET AD	1,1,1	D GALLSHOLLZ DE L		0070
CITY-ST-ZIP	DESTIN FL 32541	DELETE		IIY-51-1	ZIP		☐ Cha	nee Addition
TITLE	ADAMS, SUE A	L_J DUILLIE	2.1 7)		ļ		LI GIIA	nge L Addition
NAME	223 DURANGO ROAD, #7 D		2.2 N/		WW 00			į
STREET ADDRESS	DESTIN FL			IREET AD	1			
CITY-ST-ZIP	DEG/IN I L	DELETE	31 11)]]Y - S] -]LE	ZIP		Cha	nge Addition
NAME			3.2 N/					
STREET ADDRESS			1	IREET AC	DRESS			
CITY-ST-ZIP	_			HY-\$1-				1
TITLE		DELETE	4.1 TF				Cha	nge Addition
NAME			4. 2 N	IAME	1			ľ
STREET ADDRESS			4.3 S1	TREET AD	DURESS			
CITY-ST-ZIP			4.4 CI	IIY-\$1	ZIP			
TITLE		DELETE	5.1 TC	11.5			Cha	nge
NAME			5 2 NA	AME				
STREET ADDRESS			5.3 \$1	IREFT AD	XURESS	•		ļ
CITY-ST-ZIP		——————————————————————————————————————		1Y-ST-	ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	611				L. Cha	nge L_] Addition
NAME			62 N/		1			
STREET ADDRESS			1	IREET AD				
CITY-ST-ZIP			6.4 CF	TY-SI-	ZIP L		***	

I do 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 fupplemental 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 of 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.

UKU-65V-1900