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 # P9300050471 (0)

TURTLES BAR & GRILL, INC.

Principal Place of Business										
5702 MARINA DRIVE										
HOLMES REACH EL 34217										

Mailing Address

5702 MARINA DRIVE

FILED Feb 28 1997 8:00am Secretary of State



HOLMES BEACH	H FL 34217	HOLMES BEACH FL 34217-1517											
						3.	Date Incorporated or Qualified 07/12/1993	3a. Da 05/ 0	ate of L)1/19		port		
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number				Applied For		
21		26					65-0419674				! Applicable		
Sorte, Apt. 22	#, etc	Suite, Apt #, etc.				5. Certificate of Status Desired Sa.75 Addition Fee Required							
City & Stat	e e	City & State				6.	Election Campaign Financing Trust Fund Contribution				May Be o Fees		
Zφ	Country	Zip	Cou	intry	'	8.	. This corporation has liability for			ider s.	199.032,		
24	[25]	29	30					Yes [
	9, Name and Address of Curr	ent Registered Agent			T NI	10	, Name and Address of New Re	glatered	Agent		··		
	TILUOMO, BARBARA			61	Name								
	72ND ST			62	Street Ad	idress (P.O. Box Number is Not Acceptat	ile)					
HOL	MES BEACH FL 34217			83									
				00									
				84	City			FL	85	Zip (Code		
44 Duzauant	to the provisions of Sections 607.0	502 and 607 1508 Florida S	tatutes the e		named co	vroveli	on submits this statement for the		chan	aine it	registered		
office or r agent. La	to the provisions of Sections 607.0: registered agent, or both, in the Sta am familiar with land accept the obl	te of Florida, Such change vigations of, Section 607.050	was authorize 5, Florida Sta	d by	the corpors.	ration's	board of directors. I hereby acce	ot the app	ointme	int as	registered		
SIGNATURE	Signature, typical or ported name of registered t	and and the Management	(NOTE Registere	d And	ar sincel up to	on dead of the	on valuatation)	DATE		<i></i>			
12.		ND DIRECTORS	13.	a Age	ant arthurura ier	<u> </u>	ADDITIONS/CHANGES TO OFFIC		DIRE	CTOR	S IN 12		
TITLE	PVST	DELETE		TLE			7.000.000.000.000.000.000.000.000		☐ Ch		Addition		
NAME	GENTILUOMO, BARBARA		1.2 N	AMF						-			
STREET ADDRESS	106 72ND ST.				ADDRESS								
CiTY - SY - ZiP	HOLMES BEACH FL 34217		1		ST - ZIP								
TITLE		DELETE							Ch	iange	Addition		
NAME			2.2 N	AME	-								
STREET ADDRESS			2.3 S	TREET	ADDRESS								
CITY - ST - ZIP			2.40	ITY-	ST-ZIP								
TITLE		☐ DELETE	3.1 T	TLE					☐ Ch	ange	Addition Addition		
NAMÉ			3.2 N	AME									
STREET ADDRESS			3.3 S	TREET	ADDRESS								
CITY - ST - ZIP				ITY-	ST-ZIP			· · · · · · · · · · · · · · · · · · ·					
TITLE		☐ DELETE	4.17	TLE					LIII Ch	lange	Addition		
NAME			4.21	IAME									
STREET ADDRESS			43\$	TREET	ADDRESS								
CITY-ST-72					T-ZIP				7-7-2-		1 2		
1-11-1		DELETE							C)	ange	☐ Addition		
NAME			5.2 N										
STREET ADDRESS			1		ADDRESS								
CITY-ST-ZIP		I BELEZE			ST-ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		177		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
TITLE		LJ DELETE			}				L_ Ch	MINE	Addition		
NAME			6.2 N										
STREET ADDRESS					ADDRESS								
CITY-ST-ZIP			6.4 C	ITY - 5	T-ZIP								

14. If do hereby contify 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 of 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 efficer 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 changes, or on an attachment with an adoless.

SIGNATURE:

UREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/97 (941) 77-3544