

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000051744 (9)

1. Corporation Name

SQUEEZE IN PUB, INC.



Principal Place of Business

5005 S. RIDGEWOOD AVE.
PORT ORANGE FL 32127

Mailing Address

5005 S. RIDGEWOOD AVE.
PORT ORANGE FL 32127

3. Date Incorporated or Qualified
07/19/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-3190950

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LECATES, COURTLAND E
1715 NOVA RD.
HOLLY HILL FL 32117

81 Name
Patricia Young

82 Street Address (P.O. Box Number is Not Acceptable)
5009 S Ridgewood Ave

83

84 City
Port Orange

85 Zip Code
FL 32127

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 *Patricia L. Young*
Signature, typed or printed name of registered agent, if not available

Patricia Young, Pres 2/28/96
(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	LECATES, COURTLAND E	340 RODEO RD.	ORMOND BEACH FL 32174	<input checked="" type="checkbox"/>
D	DIBENEDETTA, MICHAEL A	110 ROBLE LANE	ORMOND BEACH FL 32174	<input checked="" type="checkbox"/>
D	HIGGS, JAMES L	271 RODEO RD.	ORMOND BEACH FL 32174	<input checked="" type="checkbox"/>
D	HIGGS, DAVID M	5 AARON CR.	ORMOND BEACH FL 32174	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
Pres	Patricia Young	5009 S Ridgewood Ave	Port Orange, FL 32127	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sec/Treas	Patricia Stevens	3825 Luma Dr	Holiday, FL 34691	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE:

Patricia L. Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96
DATE

Daytime Phone #

CR2E034 (12/95)