

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

94 AUG 15 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000078107 (8)

1. Corporation Name

JAM'S SPORTS BAR, INC.

Mailing Address
NO. 7 PLACE
38TH STREET SOUTH
MEXICO BEACH FL 32410

Principal Place of Business
NO. 7 PLACE
38TH STREET SOUTH
MEXICO BEACH FL 32410

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/10/1993

3a. Date of Last Report

2. Mailing Address

21. P.O. Box 13772

2a. Principal Place of Business

26. Suite, Apt. #, etc.

4. FEI Number

59-3258575

Applicable Fee

Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

6. Election Campaign
Financing Trust
Fund Contribution ☐

23. City & State

Mexico Beach, FL

28. City & State

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status ☐

\$5.00 May Be
Added to Fees

24. Zip

32410

25. Country

Bay

29. Zip

30. Country

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

HUGHES J J
1017-A THOMASVILLE RD
TALLAHASSEE FL 32303

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

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

(If 11. Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	D, P, CEO
12. NAME	NORMAN MICHAEL
13. STREET ADDRESS	PO BOX 13772 N/A
14. CITY - ST - ZIP	MEXICO BEACH FL 32410
21. TITLE	S, T
22. NAME	Norman, Elizabeth
23. STREET ADDRESS	PO Box 13772 N/A
24. CITY - ST - ZIP	Mexico Beach, FL 32410
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	

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 199.032(1)(b), 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 407 or 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
Mike Norman
President, CEO

7/15/94

904-648-3010