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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000083978 (5) **DOCUMENT #**

Suite. Apt. #, etc.

TAYLOR, RICHARD D 10601 GULF BLVD

TREASURE ISLAND FL 33706

City & State

Ζıρ

22

RICKY T'S BAR & GRILLE, INC.

25

Principal Place of Business	Maling Address	
10601 GULF BLYD TREASURE ISLAND FL 33706	10601 GULF BLVD TREASURE ISLAND FL 33706	
2. Principal Place of Business	2a. Maling Address	

26

27

28

29

g. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

3.	Date Incorporated or Qualified 12/02/1993	3a. Date of Last Report 08/14/1995		
4.	FEI Number 59-3206152		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 intang	, 10000 10 1 000
Name	10. Name and Address of New Ro	gistered Agent
Street Addr	ress (P.O. Box Number is Not Acceptabl	e)

30		Florida Statutes 🔲 Yes 🔲 No
	T	10. Name and Address of New Registered Agent
	81	Name
	82	Street Address (P.O. Box Number is Not Acceptable)
	83	
	84	Orty 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. Thereby accept the appointment as registered agent. Larri

SIGNATURE _	Signature, type for printed have of hageterial age in and tick	and the state of t	offt - Rugistere (Aurint signature record)	when regulating DATE	
12.	OFFICERS AND DIRE	The state of the s	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE	D	☐ D£LETE	1 1 TITLE	Change	Addition
NAME	TAYLOR, RICHARD D		1.2 NAME		
STREET ADDRESS	4300-28TH AVE N		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33713		1.4 CHTY - \$1 - ZIP		
TITLE		☐ DELFTE	2 1 TITLE	Change	rodibaA 🔲
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY - ST - ZIP			2 4 CITY - ST - 7:P		
TITLE		☐ DELETE	3 1 TITLE	Change	Addit on
NAME			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - \$1 - ZIP		
TITLE		DELETE	4 1 TITLE	Change	Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			. 4.4 CiTY - ST - ZiP		
TITLE		□ DELETE	5 1 TITLE	☐ Change	Add:tion
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST-ZIP			5.4 CITY - S1 - ZIF		
TITLE		☐ DELETE	6 1 TITLE	☐ Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 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 119.07(3)(k). Fiorida 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 logal 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 13 if changed, or on an attachment with an address.

5-26-9C 813-36374X