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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**19**98

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DOCUMENT #

P94000009451 (3)

BAHAMA ISLAND GRILL, INC.

## FILED Apr 22 1998 8:00am Secretary of State



4/10/00 000 000 0000

Principal Place of Business Mailing Address 901 NORTH 1ST STREET 981 NORTH 1ST STREET JACKSONVILLE BEACH FL 32225 JACKSONVILLE BEACH FL 32225 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/31/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 <del>59-3227653</del> Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BARON L. BARTLETT, P.A. 615 HIGHWAY A1A 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 101 83 PONTE VEDRA BEACH FL 32082 84 City **B5** 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 THUE TITLE BECK, JOHN NAME 1.2 NAME 440 GARDEN LANE STREET ADDRESS 1.3 STREET ADDRESS ATLANTIC BEACH FL 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE **BECK, MONICA** NAME 2.2 NAME 440 GARDEN LANE STREET ADDRESS 2.3 STREET ADDRESS ATLANTIC BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 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.