FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # **P94000032060 (3)**THE OULD DUBLIN, INC.

FILED Jan 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						00108 11/10 (1	DII OONIO DIRE	 			
5747 38TH AVE N ST PETERSBURG FL 33710			5747 38TH AVE N ST PETERSBURG FL 33710-1925								
							3. Date Incorporated or Qualified 04/28/1994		e of Last F 5/1996	leport	
2. Principal Pla	acc of Business	2a. Mail:	ng Address	· ····			4. FEI Number	. 	Aş	pplied For	
Suite. Apt. # ctc. 22 City & State		26	26 Suite, Apl. #, etc. 27 City & State				59-3239259		Not Applicable		
		h					5. Certificate of Status Desired		\$8.75 Additional Fee Required		
							6. Election Campaign Financing		\$5.00 N		
23		28					Trust Fund Contribution			to Fees	
Zip	Country	Zip		, Co	untry		8. This corporation has liability for i			. 199.032,	
24	25	29		30					<u> </u>		
	9. Name and Address of Curre	ent Registered	Agent		81	Name	10. Name and Address of New Re	gisterea A	gent		
	ISON, DAVID D				Ľ	140110					
	38TH AVE N TERSBURG FL 33710				82	Street Addr	ress (P.O. Box Number is Not Acceptab	ole)			
5					83						
					84	City			85 Zip	Code	
					Ļ		poration submits this statement for the p	FL	1 1	1	
SIGNATURE 5	Signature specific printed norm of registering. OFFICERS A	ND DIRECTOR		OTE: Register		int signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTO	RS IN 12	
	D		DELETE		TITLE				Change	Additio	
NAME	THOMSON, DAVID D			121	NAME						
STREET ADDRESS	2600 FIRST ST N			13:	STREET	ADDRESS					
City - ST - ZIP	ST PETERSBURG FL 33704			141	CITY - S	T-ZIP					
	D		DELETE	2.1	TITLE				Change	Additio	
	THOMSON, CARMEL T			1	NAME						
	2600 FIRST ST N					ADDRESS					
CITY-ST-ZIP TITLE	ST PETERSBURG FL 33704		DELETE		CITY -: TITLE	ST-ZIP			Change	Addition	
NAME			Dittell		NAME				onange		
STREET ADDRESS						ADDRESS					
DEBUT FORDERS											
					CITY -:	ST-ZIP					
CITY-ST-Z-P			DELFTE	3.4.		ST-ZIP			☐ Change	Additio	
CITY-S1-Z-P			DELFTE	3.4. 4.1	CITY -:	ST-ZIP			Change	Addition	
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I do 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 suppliemental 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 outfusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of larged or on an attachingent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR

1-6-47

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