


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

**FILED**  
**Aug 04, 1999 8:00 am**  
**Secretary of State**

08-04-1999 90004 003 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000034146</b>					
1. Corporation Name <b>BAYTREE BAR &amp; GRILLE, INC.</b>					
Principal Place of Business 771 HIBISCUS DR SATELLITE BEACH FL 32937-2547			Mailing Address 771 HIBISCUS DR SATELLITE BEACH FL 32937-2547		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/02/1994</b>	
21		26		4. FEI Number <b>59-3325526</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
City & State		City & State		Trust Fund Contribution <input type="checkbox"/>	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	30
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>SIGAFOOS, DAVID T</b> <b>771 HIBISCUS DR</b> <b>SATELLITE BEACH FL 32937-2547</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
TITLE	D SIGAFOOS, DAVID T <input type="checkbox"/> DELETE				
NAME	771 HIBISCUS DR				
STREET ADDRESS	SATELLITE BEACH FL 32937-2547				
CITY-ST-ZIP					
TITLE	P SHAWN SIGAFOOS <input type="checkbox"/> DELETE				
NAME	771 HIBISCUS DR				
STREET ADDRESS	SATELLITE BEACH FL				
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/99

407 952-0104

CR2E034 (11/98)

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