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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000049694

1. Corporation Name

Principal Place of Business

KOOTER BROWN'S BAR & GRILL, INC.

309 N 10TH AVI JACKSONVILLE			309 N 10TH AVE JACKSONVILLE FL 32250					DO NOT WRI	TE IN THIS S	SPACE	
						3.	Date Incorporate 06/29/1994	ed or Qualifed			
2. Principal Pi	lace of Business	2a. Mai	ing Address			4.	FEI Number				Applied For
21		26					59-3250976	_			Not Applicable
Suite, Apt.	#, etc.	ļ	Suite, Apt. #, etc.			5.	Certifcate of Sta	tus Desired		,	Additional Required
City & State			City & State			6.	Election Campai	ign Financing		\$5.0	O May Be
23		28	28				Trust Fund Cont	ribution		Adde	d to Fees
Zip	Count			Country	'	8.	This corporation	owes the curr	ent year Inta	ngible	,
24	25	29	3	30			Personal Proper	ty Tax.		☐ Yes	MNo No
	9. Name and Addr	ess of Current Registered	l Agent			10.	Name and Add	ress of New F	legistered A	gent	
				81	Name	:					
O'NEILL, KAREN B 1009 21ST ST N					Street	t Address (F	P.O. Box Number	is Not Accepta	ible)		
JACKSONVILLE BEACH FL 32250											
JACI	SOMVILLE DEACH	FL 32230		83							
				84	City			<u>. — . </u>	FL	85 Zi	p Code
- 44 - 5	- AL	ctions 607.0502 and 607.15	OR Elorida Statutos	the abou	e-named	d corporatio	n euhmite this sta	tement for the		hanging	its registered
office or o	egistered agent or hoth	n, in the State of Florida. So cept the obligations of, Sect	ich change was aut	horized by	the corp	ooration's b	oard of directors.	I hereby accer	t the appoin	tment as	registered
SIGNATURE									DATE		
		ne of registered agent and title if applic		13.	nt signature	required when	ADDITIONS/CHA	NGES TO OF		D DIREC	TORS IN 12
12	PD	OFFICERS AND DIRECTO	DELETE	1.1 TITLE		T	ADDITIONS/OFF	1000 100	TOLINO AIN	Chang	
TITLE	· •		43 DECE 12	1.2 NAME						_ ,	_
NAME	PERRIN, W E										1
STREET ADDRESS	643 14TH AVE S				TADDRESS	5					
CITY-ST-ZIP	JAX FL 32250		□ DELETE	1.4 CITY-5	T-ZIP	00.00	sident	TOORS	STATE	Chanc	ie
TITLE	STD			2.1 TITLE		LEB	SIGENI	, cacin	7 01.0	Lpcons	,
NAME	COAN, J			2.2 NAME							i
STREET ADDRESS	22 20TH AVE N				T ADDRESS	3					
CITY-ST-ZIP	JAX BC 32250		- Delete	2. 4 CITY-	ST-ZIP	1	Secre	INIR		Chang	ie Addition
TITLE	VPD		☐ DELETE	3.1 TITLE		VPI	26CKE	1 011		L)Citating	
NAME	BECK, L M			3.2 NAME							-
STREET ADDRESS				3.3 STREE	TADDRESS	S					
CITY-ST-ZIP	JAX BC 32250			3.4. CITY-	ST-ZIP	-				Chang	n Addition
TITLE			☐ DELETE	4.1 TITLE		1				☐ Chang	ge Addition
NAME				4. 2 NAME							
STREET ADORESS				4 3 STREE	T ADDRESS	S					
CITY-ST-ZIP				4,4 CITY-5	T-ZIP	<u> </u>					
TITLE			☐ DELETE	5.1 TITLE						Chang	ge Addition
NAME				5.2 NAME							

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.

5.3 STREET ADORESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

Change

☐ Addition

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90085 016 ***150.00