

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shendra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000059045 (2)**

1. Corporation Name

LOG CABIN LOUNGE, INC.



Principal Place of Business

Mailing Address

**1725 US HWY 17 N
BARTOW FL**

**1725 US HWY 17 N
BARTOW FL**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. 997**

22 City & State

27 **Dundee FL**

23 Zip

25 Country

28 **33838**

30 Country

POLK

9. Name and Address of Current Registered Agent

**YOUNG, NEAL E
300 THIRD ST NW
WINTER HAVEN FL 33881**

3. Date Incorporated or Qualified

08/08/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3263254

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 intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 of the person or persons who are authorized to change the

office, registered agent, or both, of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MACCHIONE, BARRY	
STREET ADDRESS	P. O. BOX 41	
CITY-STATE-ZIP	DUNDEE FL	
TITLE	V	☐ DELETE
NAME	MACCHIONE, REA	
STREET ADDRESS	P. O. BOX 41	
CITY-STATE-ZIP	DUNDEE FL	
TITLE	D	☒ DELETE
NAME	TAYLOR, HAROLD	
STREET ADDRESS	P.O. BOX 2012 N/A	
CITY-STATE-ZIP	BARTOW FL 33830	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barry Macchione

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96 941-439-4111

CR2E034 (3/96)