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

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90018 002 ***150.00

DOCUMENT # P94000067205

THE BULLPEN CAFE, INC.

Principal Place of Business

6771 HIGHWAY 98 NORTH LAKELAND FL 33809		6771 HIGHWAY 98 NOHTH LAKELAND FL 33809			
		EARCEAND TE 40000			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					09/12/1994
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-3267189 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22 -		27			5. Certificate of Status Desired Fee Required
City & State	9	City & State	-		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	intry	This corporation owes the current year Intangible
24	25		30		Personal Property Tax.
	9. Name and Address of Curre	int Registered Agent		 	10. Name and Address of New Registered Agent
				81 Name	
artman, stephen h				82 Street	Address (P.O. Box Number is Not Acceptable)
	s. Florida ave.				
STE. 201				83	
LAKE	LAND FL 33803			84 City	85 Zip Code
,	•			City	FL 165
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tutes, the a	bove-name	d corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change wa	s authorize	the con	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE					required when reinstating) DATE
	Signature, typed or printed name of registered ag		OTE: Registered	Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ND DIRECTORS	1.1 7	71 C	S Character C Addition
TITLE	TD		1		Loughlin, James J. 10147 Bosonin Drive
NAME	LOUGHLIN, JAMES J		1.2 N		LOUIS Brown Drive
STREET ADDRESS	10147 BOSEMAN DRIVE	_		TREET ADDRESS	100 TO 1 34656
CITY-ST-ZIP	NEW PORT RICHEY FL 34656			TY-ST-ZIP	New Port Ribey, Fl. 34656 VP TD (XChange Addition
TITLE	VPD	☐ DELETE	2.1 โ		
NAME	LOUGHLIN, SHARON		2.2 N		Loughlin Sharon Loop Rd. Apt 370
STREET ADDRESS	18640 FIRETHORN DRIVE			TREET ADDRESS	106 2112 10, 20c101
CITY-ST-ZIP	BROOKSVILLE FL 34610			ITY-ST-ZIP	Lakelend, A. 33809-
TITLE	PD	☐ DELETE	3.1 T	TLE	Partialige Disconline
NAME	LOUGHLIN, MICHEAL		3.2 N	AME	Loughlin Michael , and Dist 370
STREET ADDRESS	18640 FIRETHORN DRIVE		3.3 S	TREETADORESS	SIIS N. SOUTH LOOP TO THE
CITY-ST-ZIP	BROOKSVILLE FL 34610			ITY-ST-ZIP	Loughlin Michael 5 115 N. Socren Loop Rd Apt 370 Lakeland, Flords 33809
TITLE		☐ DELETE	4.1 T	TLE	Change ☐ Addition
NAME	•		4.21	AME	
STREET ADDRESS	••		4.3 S	TREET ADDRESS	
CITY-ST-ZIP			4.40	TY-ST-ZIP	<u></u>
TITLE		DELETE	5.1 T	TLE	☐ Change ☐ Addition
NAME			5.2 N	ame	
STREET ADDRESS			5.3 S	TREET ADDRESS	3
CITY-ST-ZIP			5.4 C	ITY-ST-ZIP	<u> </u>
TITLE		☐ DELETE	6.1 T	TLE	Change Addition

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 emprowered 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

1-941-858-7226