

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000087749 (5)**

1. Corporation Name

**3RD STREET SALOON, INC.**

Principal Place of Business

**118 SOUTH 3RD ST. S.W.  
WINTER HAVEN FL 33880**

Mailing Address

**118 SOUTH 3RD ST. S.W.  
WINTER HAVEN FL 33880**



2. Principal Place of Business

**21**

Suite, Apt. #, etc.

2a. Mailing Address

**26**

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

9. Name and Address of Current Registered Agent

**ORR, PATRICIA A  
118 3RD STREET SW  
WINTER HAVEN FL 33880**

<b>81</b>	Name	<b>FRED ANGLIN</b>		
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)	<b>372 AVE H S.E.</b>		
<b>83</b>				
<b>84</b>	City	<b>WINTER HAVEN</b>	FL	Zip Code <b>33880</b>

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

Signature, typed or printed name, of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	<b>NAME</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		<b>1.2 NAME</b>		
STREET ADDRESS		<b>1.3 STREET ADDRESS</b>		
CITY-ST-ZIP		<b>1.4 CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<b>2.1 TITLE</b>	<b>PRESIDENT, DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>2.2 NAME</b>		
STREET ADDRESS		<b>2.3 STREET ADDRESS</b>		
CITY-ST-ZIP		<b>2.4 CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<b>3.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>3.2 NAME</b>		
STREET ADDRESS		<b>3.3 STREET ADDRESS</b>		
CITY-ST-ZIP		<b>3.4 CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<b>4.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>4.2 NAME</b>		
STREET ADDRESS		<b>4.3 STREET ADDRESS</b>		
CITY-ST-ZIP		<b>4.4 CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<b>5.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>5.2 NAME</b>		
STREET ADDRESS		<b>5.3 STREET ADDRESS</b>		
CITY-ST-ZIP		<b>5.4 CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<b>6.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>6.2 NAME</b>		
STREET ADDRESS		<b>6.3 STREET ADDRESS</b>		
CITY-ST-ZIP		<b>6.4 CITY-ST-ZIP</b>		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Fred H. Anglin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 (941) 294-1235  
Daytime Phone #

CR2034 (12/95)