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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000020460 (8)

BOBBY G'S SPORTS LOUNGE, INC.

Principal Place of Business 1634 SE 47 ST CAPE CORAL FL 33904 Mailing Address

1634 SE 47 ST CAPE CORAL FL 33904

FILED Apr 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/14/1995 2, Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 65-0565613 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be CONAL Trust Fund Contribution 23 Added to Fees Zip Country This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ Yes 24 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GRIECO, ROBERT 1634 SE 47 ST 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 83 84 City 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 Signature, typed or printed name of registered agent and tille it applicable (NOTE: Registered Agent signature required when reinstating) DATE OF LICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change GRIECO, ROBERT NAME 1.2 NAME CP2E034 3218 SE 6 PL STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP 1.4 C(TY - \$1 - Z(P DELETE Addition Change TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-S1-ZIP DELETE Change Addition TITLE 3.1 TiTLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 THUE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHTY-ST-ZIP DELETE Change Addition TITLE 6.1 THE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 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 armual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it made under eath; 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:

but I Threw

4-6-98 941 549 5042