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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030657 (7)

BIG DADDY'S IMPORT DRAFT HOUSE II, INC.

654 W. TENNESSEE ST. TALLAHASSEE FL 32304			654 W. Tennessee St. Tallahassee Fl 32304-7834					
						3. Date Incorporated or Qualified 04/19/1995	3a. Date of 09/27/1	•
2. Principal Place of Business		2a	2a. Mailing Address			4. FEI Number		Applied For
21		26				59-3318312 Not Applicable		
Sulte, Apt. #, etc.		27	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		28	City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zip 24	Country 25	29	Zi p	Gountry 30	/	8. This corporation has liability for Florida Statutes	intangible tax u	
	9. Name and Address of Curr	rent Regis	tered Agent	- have self-consequence		10. Name and Address of New Re	gistered Agent	t
654	NE, ELOYCE I W TENNESSEE ST LAHASSEE FL 32304			81		fress (P.O. Box Number is Not Acceptat	ole)	
				83				
				84	City		FL 85	Zip Code
12.	Signature, typed or printed name of registered OFFICERS A		CTORS	13.	entsgratur; req	ned which reinstating) ADDITIONS/CHANGES TO OFFICE		
TITLE	0		L DELETE	13 TITLE			L C	hange 🔲 Addi
NAME	KANE, ELOYCE			1.2 NAME				
STREET ADDRESS	3201-A TANAGER CT.				ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308		DELETE	1.4 CITY-1	ST-ZIP			honos Addi
TITLE			T ptreit	21 111LE 22 NAME				hange L Addi
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP					ST-ZIF			
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NAME				32 H				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP					\$1-ZIP			
TITLE			DELETE	4.1				hange Addi
NAME				4.				
STREET ADDRESS				4.1	ADDRESS			
CITY-ST-ZIP			··	4.	oT - 71P			
TITLE			☐ DELETE	5.1			[] c	hange 🔲 Addi
NAME				5. 2 N				
STREET ADDRESS				5.3 S	ADDRESS			

DELETE

6.**j** Tr

6.2 NA

14. I do 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.

☐ Change

Addition

FILED

May 02 1997 8:00am

Secretary of State