

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 MAY 15 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 995000030657
1. Corporation Name
BIG DADDY'S Import DRAFT HOUSE II, Inc.

Principal Place of Business Mailing Address
654 W. TENN. ST ← SAME
TALL. FLA.
32304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <u>ABOVE</u>		26 <u>ABOVE</u>		4-19-95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3318312	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 <u>LEON</u>		30 <u>LEON</u>		<input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
27		32		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELOYCE KANK
654 W. TENN. ST.
TALL. FL. 32304

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	<u>300002528583</u>
84	City

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 consequences of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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 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 Eloyce Kank 4/19/98 (850) 323-0416

CR2E034 (10/97)