

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000060218 (1)

1. Corporation Name

FINS COASTAL BAR & GRILLE, INC.



Principal Place of Business

3721 SHENENGO PL.
MELBOURNE FL 32934

Mailing Address

3721 SHENENGO PL.
MELBOURNE FL 32934

3. Date Incorporated or Qualified

08/02/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3332248

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, WILLIAM A
6767 N. WICKHAM ROAD, SUITE 400F
MELBOURNE FL 32940

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME POORE, DAVID W
STREET ADDRESS 3721 SHENENGO PL.
CITY-ST-ZIP MELBOURNE FL 32934

☐ DELETE

1.1 TITLE D
1.2 NAME FRED B. BULLARD
1.3 STREET ADDRESS 2326 ULMERTON RD #20
1.4 CITY-ST-ZIP CLEARWATER, FL 34622

☐ Change

☒ Addition

TITLE V
NAME DAVIS, JOHNNY E
STREET ADDRESS 3721 SHENENGO PL.
CITY-ST-ZIP MELBOURNE FL 32934

☐ DELETE

2.1 TITLE D
2.2 NAME KAROL K. BULLARD
2.3 STREET ADDRESS SAME AS ABOVE
2.4 CITY-ST-ZIP

☐ Change

☒ Addition

TITLE S
NAME POORE, SANDRA L
STREET ADDRESS 4729 HIGHLANDS PL. CIRCLE
CITY-ST-ZIP LAKELAND FL 33813

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T
NAME DAVIS, CATHERINE F
STREET ADDRESS 4729 HIGHLANDS PL. CIRCLE
CITY-ST-ZIP LAKELAND FL 33813

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

David W. Poore - Resident 3-1-96 407-259-2934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)