

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000097938**

1. Corporation Name  
**PATIO GRILL, INC.**

Principal Place of Business  
**270 FIRST AVENUE NORTH  
ST. PETERSBURG FL 33701**

Mailing Address  
**270 FIRST AVENUE NORTH  
ST. PETERSBURG FL 33701**

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90002 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/21/1995**

4. FEI Number  
**59-3351834**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOUKIANOS, TOM  
210 SOUTH PINELLAS AVENUE STE 172  
TARPON SPRINGS FL 34689**

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** ☐ DELETE  
NAME **KRANIAS, STEVE**  
STREET ADDRESS **270 FIRST AVENUE NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VTD** ☐ DELETE  
NAME **KRANIAS, TINA**  
STREET ADDRESS **270 FIRST AVENUE NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **KRANIAS, PERRY**  
STREET ADDRESS **270 FIRST AVENUE NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/99

Date

Daytime Phone #

CR2E034 (5/99)

0089613

**Thomas M. Koulianos, CPA**

210 S. Pinellas Ave. Suite 172  
Tarpon Springs, FL 34689  
Tel/Fax (727) 943-9195

595826-90002-32  
P95000097938

July 14, 1999

State of Florida Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Patio Grill, Inc.

To Whom It May Concern:

On April 16, 1999, the above named client prepared a check in the amount \$150.00 for their annual filing fee. They signed the return and I personally took it to the post office, near my office, in Tarpon Springs on the same day.

We now discover that the check has never cleared the bank and you obviously never received neither the check nor the signed form. We only began to look for the cancelled check because we received your "second notice".

Could you please waive the penalty portion of the filing fee, as I can attest to the fact that the original return was signed and mailed. It obviously was lost sometime after I deposited it into the mail box.

Thank you for your consideration.

Sincerely,

  
Thomas M. Koulianos, CPA  
Florida Certificate Number 23949