

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90136 039 ***150.00

DOCUMENT # P96000023718

1. Corporation Name

GRUMFY'S CIGAR PUB, INC.

Principal Place of Business

9 STONE STREET
COCOA FL 32922

Mailing Address

9 STONE STREET
COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1996

4. FEI Number

59-3365547

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, MARK P
104 RIVER HEIGHTS DRIVE
COCOA FL 32922

81 Name PIERCE, Lori R.

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

4415 Hartville Ave

84 City COCOA

FL 85 Zip Code 32926

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

Lori R. Pierce President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME PIERCE, LORI P
STREET ADDRESS 4415 HARTVILLE AVE
CITY-ST-ZIP COCOA FL 32926

TITLE S ☐ DELETE
NAME PIERCE, DONALD
STREET ADDRESS 4415 HARTVILLE AVE
CITY-ST-ZIP COCOA FL 32926

TITLE VP ☐ DELETE
NAME PARSONS, CATHERINNE A
STREET ADDRESS 4310 PEPPERTREE ST
CITY-ST-ZIP COCOA FL 32926

TITLE T ☐ DELETE
NAME PARSONS, MATTHEW B
STREET ADDRESS 4310 PEPPERTREE ST
CITY-ST-ZIP COCOA FL 32926

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P ☒ Change ☐ Addition
12 NAME PIERCE, LORI R
13 STREET ADDRESS 4415 HARTVILLE AVE
14 CITY-ST-ZIP COCOA, FL 32926

21 TITLE S ☐ Change ☐ Addition
22 NAME PIERCE, Donald W.
23 STREET ADDRESS 4415 HARTVILLE AVE
24 CITY-ST-ZIP COCOA, FL 32926

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.37(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, with all other like empowers.

SIGNATURE:

Lori R. Pierce President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-631-5430

CR2E034 (1/98)