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

Mailing Address

12500 S HWY 33

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

12500 S HWY 33



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000027512

HAPP'S REDWING RESTAURANT, INC.

GROVELAND FL 34736 US		GROVELAND FL 34736 US		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed			
•					03/28/1996		ŀ
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3377672		Not Applicable
		Suite, Apt. #, etc.	pt. #, etc.		5. Certificate of Status Desired	\$8.7	5 Additional
27 27					5. Certificate of Status Desired	Fee	Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23 28					Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year in		("") A. I
24 25 29 30			0	Personal Property Tax. Yes No			
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
	D CARRELL		81	Name			
HAPP, DARRELL			82 Street Address (P.O. Box Number is Not Acceptable)				
1611 3RD ST					<u> </u>		
CLE	RMONT FL 34711		83				
			84	City		85 Z	ip Code
					<u>FL</u>	سلب	The state and
11. Pursuant	to the provisions of Sections 607.0502	t and 607.1508, Florida Statutes of Florida, Such change was aut	, the above horized by	e-named corp the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing ntment as	its registered registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Floric	la Statutes	·	, , , ,		•
SIGNATURE							
	Signature, typed or printed name of registered agent		tegistered Agen	t signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AT	IN DIREC	TORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO CIT TOLING AL	☐ Chang	
I TITLE	PVD	- DELETE	1.2 NAME				
NAME	HAPP, DARRELL			ADDRESS			
STREET ADDRESS	1611 3RD ST		1				
CITY-ST-ZIP	CLERMONT FL 34711	☐ DELETE	1,4 CITY-S' 2,1 TITLE	1-ZIP		☐ Chang	ge Addition
TITLE	STD	□ bctr.c	2.1 NAME				,
NAME	HAPP, MARIANNE		2.3 STREET	ADDDECC			
STREET ADDRESS	1611 3RD ST						
CITY-ST-ZIP -	CLERMONT FL 34711	□ DELETE	2. 4 CITY-S 3.1 TITLE	1-41		Chang	ge Addition
		- pre-1c	3.2 NAME				- —
NAME	[*		3.3 STREET	r ADDDECC			•
STREET ADDRESS			3.4. CITY-S				
CITY-ST-ZIP		DELETE	4.1 TITLE	11.71		Chang	ge Addition
NAME		_ >====	4. 2 NAME				- —
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4.3 STREET	r ADDDÉSS			
STREET ADDRESS	1 × 1		1				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-4IF		☐ Chang	ge Addition
{		_ 0	5.2 NAME				
NAME			5.3 STREET	ADDRESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		□ DELETE	6.1 TITLE			Chang	ge Addition
:::LE				1			, –

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90266 027 ***150.00