

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 02, 1999 8:00 am  
Secretary of State

04-02-1999 90084 034 \*\*\*150.00

DOCUMENT # P96000031510

1. Corporation Name  
STACKERS DELI & PUB, INC.



Principal Place of Business  
9641 BAY PINES BLVD  
SEMINOLE FL 33708-3755

Mailing Address  
9641 BAY PINES BLVD  
SEMINOLE FL 33708-3755

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/01/1996

4. FEI Number  
59-3379918

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 9414 71st Ave E  
Suite, Apt. #, etc.

2a. Mailing Address  
26 9414 71st Ave E  
Suite, Apt. #, etc.

22 City & State  
23 Palmetto FL

27 City & State  
28 Palmetto FL

24 Zip 34221 25 Country

29 Zip 34221 30 Country

9. Name and Address of Current Registered Agent

DUNN, ROBERT  
9641 BAY PINES BLVD  
SEMINOLE FL 33708

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 9414 71st Ave E  
84 City Palmetto FL 85 Zip Code 34221

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

3-30-99

12. OFFICERS AND DIRECTORS

TITLE P  
NAME DUNN, ROBERT  
STREET ADDRESS 2101 66TH AVE S  
CITY-ST-ZIP ST-PETERSBURG FL 33712

☐ DELETE

TITLE T  
NAME DUNN, DOROTHY  
STREET ADDRESS 2101 66TH AVE S  
CITY-ST-ZIP ST-PETERSBURG FL 33712

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 9414 71st Ave E  
1.4 CITY-ST-ZIP Palmetto FL 34221

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 9414 71st Ave E  
2.4 CITY-ST-ZIP Palmetto FL 34221

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-99 941-721-7377

0408561

CR2E034 (1/1/98)