

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

FILED

Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P96000037595 (1)**

1. Corporation Name
BOGEYS GRILLE & PUB, INC.



Principal Place of Business
**P.O. BOX 19889
SARASOTA FL 34276**

Mailing Address
**P.O. BOX 19889
SARASOTA FL 34276-2889**

3. Date Incorporated or Qualified 04/30/1996	3a. Date of Last Report
4. FEI Number 65-0674936	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent ICARD, MERRILL, CULLIS TIMM, FUREN & GINSB 2033 MAIN STREET SUITE 600 SARASOTA FL 34237	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D RYDER, FLOYD	1.2 NAME	
STREET ADDRESS	P.O. BOX 19889	1.3 STREET ADDRESS	8710 54th Ave C.
CITY-ST-ZIP	SARASOTA FL 34276	1.4 CITY-ST-ZIP	Bradenton, FL 34202
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D RYDER, KIM	2.2 NAME	
STREET ADDRESS	P.O. BOX 19889	2.3 STREET ADDRESS	8710 54th Ave C.
CITY-ST-ZIP	SARASOTA FL 34276	2.4 CITY-ST-ZIP	Bradenton, FL 34202
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Floyd A. Ryder* **FLOYD A. RYDER** 1-31-97 941-753-0171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J68081 (5)

1. Corporation Name

GUARANTY BANK & TRUST COMPANY

Principal Place of Business

1340 E. VENICE AVE.
VENICE FL 34292
US

Mailing Address

P. O. BOX 618
VENICE FL 34284-0618
US



3. Date Incorporated or Qualified
04/13/1987

3a. Date of Last Report
07/12/1986

4. FEI Number

59-2701899

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOT REQUIRED PURSUANT TO SECTION
607.0501 (2) FLORIDA STATUTES

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

TITLE PD ☐ DELETE
NAME VOIGT, DAVID F.
STREET ADDRESS 1007 BECKLEY CIRCLE
CITY - ST - ZIP VENICE FL

TITLE EVP ☐ DELETE
NAME BATTAGLIA, CHARLES J.
STREET ADDRESS 3468 LONGMEADOW DR.
CITY - ST - ZIP SARASOTA FL

TITLE SVC ☐ DELETE
NAME MCWHORTER, JERRY P.
STREET ADDRESS 1903 SHANNONWOOD COURT
CITY - ST - ZIP BRANDON, FL 33510

TITLE SV ☐ DELETE
NAME MILLER, TERRY L.
STREET ADDRESS 4625 STONE RIDGE TRAIL
CITY - ST - ZIP SARASOTA FL

TITLE CD ☐ DELETE
NAME HENDERSON, WARREN S.
STREET ADDRESS 621 RAMBLIN ROSE LANE
CITY - ST - ZIP NOKOMIS FL

TITLE AV ☐ DELETE
NAME ZAENGER, PAULINE L
STREET ADDRESS 2330 PAPPAS TERRACE
CITY - ST - ZIP PORT CHARLOTTE FL 33981

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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 do 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.

DAVID F. VOIGT, PRESIDENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 4, 1997

(941)485-9000

CR2E034 (9/96)

GUARANTY BANK & TRUST COMPANY

CORPORATION ANNUAL REPORT 1997

Iten No. 12

D	James H. Brandt, D.V.M.	420 Anchorage Boulevard	Nokomis, FL
D	M. M. Dalton	118 Sunnaire Terrace	Nokomis, FL
D	Mary M. Eddy	912 Church Street	Venice, FL
D	Merle L. Graser	604 LaGuna Drive	Venice, FL
D	H. Harrison Greer	754 Pine Run Drive	Osprey, FL
D	Sam H. Herron, Jr.	711 Valencia Road	Venice, FL
D	Charles E. Johnson, Jr., M.D.	436 Anchorage Drive	Nokomis, FL
VC/D	James M. Lombard	P.O. Box 86	Osprey, FL
VC/D	Richard M. Morrison, M.D.	P.O. Box 1072	Boca Grande, FL
D	Edwin D. Taylor	1210 Pine Lake Drive	Venice, FL
S/V/P	Robert E. Koson	416 Spadaro Drive	Venice, FL
S/V/P	Grant N. Lawrence	701 Shetland Circle	Nokomis, FL
S/V/P	Frank R. Guididas	2180 Shadow Oaks Road	Sarasota, FL
S/V/P-S/T/O	Mary G. Toundas	5919 Diana Road	Venice, FL
S/V/P-S/T/O	Harry M. Reeser, III	2408 Hillview Street	Sarasota, FL
A/V/P-T/O	Karen Whalen	4437 Violet Avenue	Sarasota, FL
A/V/P	Norman D. Bensen	520 Falkland Road	Venice, FL
T/O/O	Margery R. Fueger	302 Dorchester Drive	Venice, FL
A/C	R. Ann Bertch	2828 Cabaret Street	Pt. Charlotte, FL
A/C	Mary D. Young	421 Blackburn Point Rd.	Osprey, FL
A/V/P	Robert A. Lucchetti	21038 Firewood Terrace	Pt. Charlotte, FL
A/C	Jane A. Nesbitt	205 Peach Street	Venice, FL
A/C	Carol A. Smith	2841 S. Cranberry Blvd.	North Port, FL
A/C	Catherine I. Pierce	512 Catalina Isles	Venice, FL
Auditor	Helen A. Stephan	1707 Belvidere Drive	Englewood, FL
A/V/P-T/O	Linda A. Bayard	5264 Kent Road	Venice, FL