

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

FILED
May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000038455

THE LOFT TAVERN, INC.
P O BOX 1062
ALTOONA, FL 32702-1062

Principal Office Address	Mailing Address
25031 CR 42 PAISLEY, FL 32767	P O BOX 1062 ALTOONA, FL 32702

3. Date Incorporated or Qualified 4/29/96	3a. Date of Last Report
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2. Principal Office Address	2a. Mailing Address	4. FEI Number 59-3377330	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23. Country	28. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☒ No
24. Zip	29. Zip		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARY L PRUITT
25031 CR 42
PAISLEY, FL 32767

81. Name STEVEN M RODGERS	85. Zip 32702
82. Street Address (P.O. Box Number is Not Acceptable) 44432 HOOCH ROAD	
83. City & State ALTOONA FL 32702	
84. City ALTOONA	

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 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 and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *X Steven M Rodgers* DATE: *4/28/97*

(NOTE: Registered Agent signature required when relating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
1.2 NAME		1.2 NAME	
1.3 STREET ADDRESS		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	
2.1 TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I, the undersigned, 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 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 a shareholder 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 is not on Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: *X Steven M Rodgers*

DATE: *4/29/97* FILE NO: *355-119-9244*