

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  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90115 019 \*\*\*150.00

DOCUMENT # P96000042140

1. Corporation Name

THE MYAKKA CITY BAR & GRILL, INC.



Principal Place of Business

852 JAKL AVE  
SARASOTA FL 34232

Mailing Address

852 JAKL AVE  
SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 36251 SR 70

26 PO Box 330

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PO Box 330

27

23 MYAKKA CITY FL

28 MYAKKA CITY FL

24 34251 25 USA

29 34251 30 USA

3. Date Incorporated or Qualified

05/09/1996

4. FEI Number

65-0675322

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

9. Name and Address of Current Registered Agent

PETERSON, JEFFERY D  
852 JAKL AVE  
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name

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

36151 SR 70

83 PO Box 330

84 City MYAKKA CITY FL

85 Zip Code 34251

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

Jeffrey D Peterson pres.

Jeffrey D Peterson pres.

4/30/99

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 ☐ DELETE

NAME D  
PETERSON, JEFFERY D  
STREET ADDRESS 852 JAKL AVE  
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ DELETE

NAME D  
PETERSON, RITA L  
STREET ADDRESS 852 JAKL AVE  
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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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:

Jeffrey D Peterson

Jeffrey D Peterson

4/30/99

441-322-8771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0472475

CR2E034 (11/98)