

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT #

P96000648156

1. Corporation Name

PASSPORT GRILL & BREW, INC.

Principal Place of Business

1200 W. 15th Street
Panama City, FL.

Mailing Address

703 West 10th Street
Lynn Haven, FL.
32444

2. Principal Place of Business

21 1200 W. 15th Street

State Apt. #, etc.

22 City & State

23 Panama City, FL.

24 Zip

32405

25 Country

USA

2a. Mailing Address

26 2714 Rutgers Drive

Suite, Apt. #, etc.

27 City & State

28 Panama City, FL.

29 Zip

32405

30 Country

USA

3. Date Incorporated or Qualified

6/4/90

3a. Date of Last Report

N/A

4. FEI Number

593385757

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

9. Name and Address of Current Registered Agent

Scott Smith
703 West 10th Street
Lynn Haven, FL. 32444

10. Name and Address of New Registered Agent

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

Scott Smith, President

(NOTE: Registered Agent signature required when re-registering)

4/2/97

12. OFFICERS AND DIRECTORS

TITLE	President, Treasurer	<input type="checkbox"/> DELETE
NAME	Scott Smith	
STREET ADDRESS	703 West 10th Street	
CITY-ST-ZIP	Lynn Haven, FL. 32444	
TITLE	Vice President, Secretary	<input type="checkbox"/> DELETE
NAME	Tamara Smith	
STREET ADDRESS	703 West 10th Street	
CITY-ST-ZIP	Lynn Haven, FL. 32444	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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***173.75

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5/9/97

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 is stated 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:

Scott Smith, President

4/28/97 (904) 271-5349

Date Daytime Phone #

CR2E034 (9/96)