


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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000050307 (3)**

1. Corporation Name

SPITFIRE GRILL, INC.

Principal Place of Business

Mailing Address

**1286 CORDOVA BOULEVARD NE
ST. PETERSBURG FL 33704**

**1286 CORDOVA BOULEVARD NE
ST. PETERSBURG FL 33704**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1996

4. FEI Number

65-0679187

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 or has paid the current year Intangible
Personal Property Tax due June 30 ☒ Yes ☐ No

2. Principal Place of Business

21 10901-D ROOSEVELT BLVD

Suite, Apt. #, etc.

22 SUITE 800

City & State

23 ST. PETERSBURG FL

Zip

24 33716

Country

25 PINELLAS

2a. Mailing Address

26 10901-D ROOSEVELT BLVD

Suite, Apt. #, etc.

27 SUITE 800

City & State

28 ST. PETERSBURG FL

Zip

29 33716

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

**FISHER, GREGORY H
5520 FIRST AVENUE NORTH
ST. PETERSBURG FL 33710**

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

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

**PD
GAGLIARDO, JOSEPH
1286 CORDOVA BOULEVARD NE
ST. PETERSBURG FL 33704**

TITLE ☐ DELETE

**STD
GAGLIARDO, DOROTHY
1286 CORDOVA BOULEVARD NE
ST. PETERSBURG FL 33704**

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

☒ Change ☐ Addition

**PD
GAGLIARDO, JOSEPH
10901-D ROOSEVELT BLVD / SUITE 800
ST. PETERSBURG FL 33716**

☒ Change ☐ Addition

**TD
GAGLIARDO, DOROTHY
10901-D ROOSEVELT BLVD / SUITE 800
ST. PETERSBURG FL 33716**

☐ Change ☒ Addition

**SD
PHYLLIS A. GAGLIARDO
10901-D ROOSEVELT BLVD / SUITE 800
ST. PETERSBURG FL 33716**

☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE
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.

SIGNATURE:

PHYLLIS A. GAGLIARDO

JANUARY 21 1998 (813)577-5005

CR2E034 (10/97)