


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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000054907 (6)**

1. Corporation Name  
**SOFTAILS SALOON & EATERY, INC.**



Principal Place of Business <b>18940 SR 52 LAND O LAKES FL 34639 US 14</b>	Mailing Address <b>18940 SR 52 LAND O LAKES FL 34639 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>14748 US 98 N. BYPASS</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>14748 US 98 N BYPASS</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>06/27/1996</b>	
22 <b>DADE CITY FL</b> City & State		27 <b>DADE CITY, FL</b> City & State		4. FEI Number <b>99-0386096</b> <b>NOT APPLICABLE</b>	
23 <b>33525</b> Zip		24 <b>US</b> Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 <b>US</b> Country		26 <b>33525</b> Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
27 <b>US</b> Country		28 <b>33525</b> Zip		8. This corporation owes or has paid the current year tangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WILSON, NANCY  
4808 KENNEDY DR.  
NEW PORT RICHEY FL 34652**

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	<b>0</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILSON, NANCY</b>	1.2 NAME	<b>WILSON, NANCY</b>
STREET ADDRESS	<b>4808 KENNEDY DR.</b>	1.3 STREET ADDRESS	<b>4608 KENNEDY DR</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	1.4 CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34652</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>J. LEE HUCKLEBAY</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>14318 12TH ST.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>DADE CITY, FL 33525</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>CLAIRE NEWCOMBE</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>9330 SANDY CT</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>FRANCES PARISH</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>40 BX 452 (16447 SPRING VALLEY LN)</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>DADE CITY, FL 33524</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 \_\_\_\_\_

CR2E034 (10/97)