Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90044 021 \*\*\*150.00

## 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

## DOCUMENT # P9600084875

JOLLY R	OGER GRILL, INC.					 	
					<u> </u>		
Principal Place of Business Mailing Address  23402 PANAMA CITY BEACH PARKWAY POST OFFICE BOX 263							
PANAMA CITY BEACH FL 32413 SUNNYSIDE FL 32461					DO NOT WRITE IN THIS SPACE		
		US			3. Date Incorporated or Qualifed		
	च			<b>₩</b>	4014414000		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apı	plied For
26					59-3407992	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	dditional
27					5. Centicate di Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
28					Trust Fund Contribution	Added to	o Fees
Zip	Country Zip		Country	y	8. This corporation owes the current year h	ntangible	- <i>/</i> /
24	25 29 30		30		Personal Property Tax.		[ <b>1</b> 000
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	d Agent	
UEO	D DDIAN D		81	Name			
HESS, BRIAN D				Street Addr	ress (P.O. Box Number is Not Acceptable)		_
9108 FRONT BEACH ROAD							_
PAN	AMA CITY BEACH FL 32407		83	1			
				City		. 85 Zip C	Code
				' '	FI		_
l office or s	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	if Florida. Such change was all	ithorized by	the comoration	poration submits this statement for the purpose on so board of directors. I hereby accept the appropriate the statement of the purpose of the	ointment as req	registered gistered
SIGNATURE		-Jen-2	Panistoned Ace	of signature require	ad when reinstating) DATE		
Signature, typed or printed name of registered agent and 6tle if applicable. (NOTE: Re  12. OFFICERS AND DIRECTORS				ant signature require	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
TITLE	D	DELETE	13.			☐ Change	Addition
NAME	DEVAUGHN, JAMES E III		1.2 NAME				
STREET ADDRESS	THE STATE OF THE S		1	T ADDRESS			
DANIANA OUTV DEACH EL COMO		1.4 CITY-S	i				
CITY-ST-ZIP_	D DELETE		2.1 TITLE			Change	☐ Addition
NAME ~ -	DEVAUGHN, PHOEBE B		2.2 NAME		and the second s		
STREET ADDRESS	ACAD DANIAL OF COLUMN PARISHAY			ET ADDRESS			
	DAMANA OFFI PEACH FLOORIO		2.4 CITY-				
CITY-ST-ZIP	DELETE		3.1 TITLE	5/- <u>2.</u>		☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS	·			ET ADDRESS			
			3.4. CITY-				
CITY-ST-ZIP TITLE	DELETE		4.1 TITLE			☐ Change	Addition
NAME .			4. 2 NAME	.			
STREET ADDRESS				T ADORESS			
1			4.4 CITY-5	1			
CITY-ST-ZIP TITLE			5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP ( p*)	1. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		5.4 CITY-1	ST-ZIP			
TITLE			6.1 TITLE			☐ Change	Addition
NAME	** * * * *	<b>—</b>	6.2 NAME			-	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP