**FILED** Feb 20, 1999 8:00 am

Secretary of State

02-20-1999 90108 042 \*\*\*150.00

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000096510

SARASOTA ALE HOUSE AND RAW BAR, INC.

Principal Plac	e of Business	Mailing Ad	ddress											
612 N ORANGE AVE 612 N ORANGE AVE														
SUITE C-6 SUITE C-6														
JUPITER FL 33458  JUPITER FL 33458							DO NOT WRITE IN THIS SPACE							
							3		e Incorporated or Qu	alifed				
2 Principal P	flace of Business	2a, Mailing	n Address				-		21/1996 Number		•		Anr	olied For
21	lace of Business	26	y Address				"		0707709			-		Applicable
Suite, Apt.	#, etc.	11	Apt. #, etc.				+		• • • • • • • • • • • • • • • • • • • •			\$8.		dditional
22		27	•				5	. Cert	ifcate of Status Des	ired			ee Red	
City & Stat	e	City &	State				6	. Elec	tion Campaign Fina	ncing		\$5	.00	May Be
23		28						Trus	t Fund Contribution			Ac	ded to	Fees
Zip	Country	Zip			intry		8		corporation owes th	ne currer	nt year Inta			_
24	25	29		30			<u>j</u>		onal Property Tax.			Ye	3	□No
<u> </u>	9. Name and Address of Curren	Registered A	gent		81	Name	10	). Nan	ne and Address of	New Re	gistered /	Agent		
MILL	.er, John W				01	Name			•					
1	N ORANGE AVE				82	Street Ad	ddress (	P.O. B	lox Number is Not A	\cceptab	le)			
1	E C-6				83					-				,
1	ITER FL 33458													
					84	City				•	FL	85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	2 and 607,1508	3. Florida Statu	tes, the a	bove-	-named co	orporatio	on subi	mits this statement f	for the p	urpose of	changi	ng its i	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligate	of Florida, Such	n change was a	authorized	d by ti	the corpora	ation's b	oard o	of directors. I hereby	accept	the appoin	tment	as reg	istered
	in familiar with, and accept the obligat	ions or, section	1 007.0303, 1110	oriua Stati	uics.									
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable	e (NOTI											
12.	OFFICERS AN		. ,,	E: Registered	Agent	signature requ	uirea wnen	reinstaur	ng)		DATE			
TITLE		DIRECTORS	3	13.	Agent	signature requ	uirea when		ng) TIONS/CHANGES T	TO OFFI	<u> </u>	D DIRE	СТО	RS IN 12
=	D	DIRECTORS				signature requ	uired when			TO OFFI	<u> </u>	D DIRE		RS IN 12
NAME	D MILLER, JOHN W	DIRECTORS	3	13.	TLE	signature requ	UIRED WITEN			TO OFFI	<u> </u>			
	D Miller, John W 18775 Se river Ridge Road	D DIRECTORS	3	13. 1.1 TI 1.2 N/	TLE AME	ADDRESS	uired when			TO OFFI	<u> </u>			
NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JOHN W	DIRECTORS	DELETE	13. 1.1 TC 1.2 NA 1.3 ST 1.4 CC	TLE AME TREET A TY-ST-	ADDRESS	UIRED WITEN			TO OFFI	<u> </u>	☐ Ch	ange	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 officer or director of the corpora Block 12 or Block 13 if changed

6.4 CITY-ST-ZIP

SIGNATURE: