


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

FILED
Aug 31 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Moriham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P97000005883 (8)

1. Corporation Name
L & J'S T BIRD LOUNGE, INC.

Principal Place of Business
2175 N C-470
LAKE PANASOFFKEE FL 33538

Mailing Address
2175 N C-470
LAKE PANASOFFKEE FL 33538
P.O. Box 219
Lk Panasoffkee FL 33538

DO NOT WRITE IN THIS SPACE

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|---|---|---|--------------------------------|-------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country | 2a. Mailing Address 26 P.O. Box 219 27 Suite, Apt. #, etc. 28 Lake Panasoffkee, FL 29 Zip 30 USA | 3. Date Incorporated or Qualified 01/15/1997 | 4. FEI Number 59-3423017 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

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|--|--|--|--|
| 9. Name and Address of Current Registered Agent INGRAM, LINDA S 2171 N-C-470 LAKE PANASOFFKEE FL 33538 MAIL ADD: P.O. Box 219 Lk Panasoffkee FL 33538 | | 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 | |
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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

| | | | |
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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT LINDA S. INGRAM 2171 N-C-470 LAKE PANASOFFKEE FL 33538 P.O. Box 219 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V. PRESIDENT SUSAN SARGENT P.O. Box 219 LAKE PANASOFFKEE FL 33538 2171 N C 470 | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Sec. - Treas. Gerald C. INGRAM P.O. Box 219 LAKE PANASOFFKEE, FL 33538 2171 N C 470 | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Linda S. Ingram
WK 352-793-5793
5-1-98

CR2E034 (10/97)