

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90128 073 *****8.75
05-03-1999 90128 074 ***150.00

DOCUMENT # P97000017822

1. Corporation Name

BOTTOMS UP BAR, INC.

Principal Place of Business
8400 US HIGHWAY #1 SOUTH
MICCO FL 32976

Mailing Address
8400 US HIGHWAY #1 SOUTH
MICCO FL 32976

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1997

4. FEI Number

59-3429917

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 the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

TUMMOLO, LYNETTE SUE
1231 W. PERIWINKLE CIR
BAREFOOT BAY FL 32976

10. Name and Address of New Registered Agent

81 Name Lynette Sue TummoLo

82 Street Address (P.O. Box Number is Not Acceptable)
8420 U.S. #1 South

83

84 City micco FL 85 Zip Code 32976

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

Lynette Sue TummoLo

4-22-99

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 D ☐ DELETE

NAME TUMMOLO, LYNETTE S
STREET ADDRESS 1231 W. PERIWINKLE CIRCLE
CITY-ST-ZIP BAREFOOT BAY FL 32976

TITLE D ☐ DELETE

NAME BENCH, ROBERT A
STREET ADDRESS 1231 W. PERIWINKLE CIRCLE
CITY-ST-ZIP BAREFOOT BAY FL 32976

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

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Lynette Sue TummoLo
1.3 STREET ADDRESS 8420 U.S. #1 South
1.4 CITY-ST-ZIP micco, FL 32976

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Robert A. Bench
2.3 STREET ADDRESS 8420 U.S. #1 South
2.4 CITY-ST-ZIP micco, FL 32976

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Lynette Sue TummoLo

4-22-99

(561) 664-2861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0570386