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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 06 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000021525 (5)

Block 12 or Block 13 if changed, or on an attachment with an address.

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BILL'S BARS & GRILLES, INC.

Principal Place of Business Mailing Address 3725 WEST GRACE STREET #300 3725 WEST GRACE STREET #300-**TAMPA FL 33607** TAMPA FL 33607 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/04/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zio 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DIAZ, JOSEPH L AMPBEL 2522 WEST KENNEDY BOULEVARD 82 **TAMPA FL 33609** 63 64 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. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1.5 TITLE NAME HOLT, WILLIAM N 1.2 NAME 3725 WEST GRACE STREET #300 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33607 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE **MEDIP** Change Addition 21 TITLE CAMPBELL, RALPH 2.2 NAME 3725 WEST GRACE STREET #300 STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 336**07 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ■ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 11TLE Change ■ Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - 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