850-236-0806

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). FLORIDA DEPÁRTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 NOV -5 PH 4:06 DOCUMENT # P97000024999 (9) SECRETARY OF STATE TALLAHASSEE, FLORIDA CHUBBY'S BAR AND GRILL, INC. Mailing Address Principal Place of Business 3225 COUNTRY CLUB DRIVE 3225 COUNTRY CLUB DRIVE LYNN HAVEN FL 32444 LYNN HAVEN FL 32444 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1997 of Business FEI Number Mailing Address Applied For 489 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DERAMO, ANDREW JR 3225 COUNTRY CLUB DRIVE Street Address (P.O. Box Number is Not Acceptable) LYNN HAVEN FL 32444 83 Zip Code 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 amy amiliar with, and accept the obligations of, section 607.0505, Florida Statutes. NORTH SIGNATURE CR2E034 (5/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 1.1 TITLE Change Addition TITLE DELETE 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE Change Addition TITLE DELETE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP OELETE TITLE 3,1 TITLE 400002689984 Adding NAME 3.2 NAME 016 3.3 STREET ADDRESS ****550.00 STREET ADORESS ****S50.00 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE (RESIDENT DELETE 4.1 TITLE Change Addition DREW DERAMO 4.2 NAME NAME STREET ADDRESS LIDOR TIARIE LA 4.3 STREET ADDRESS 3*'*નિ(૦) PANAMA CIL CITY-ST-ZIF 4.4 CITY-ST-ZIP TITLE PISEC 5.1 TITLE __ DELETE Change Addition JIM LAWSON
523 HIDDEN
1: NAME 5.2 NAME 1SLAND DB 5.3 STREET ADDRESS STREET ADDRESS 32408 CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE TITLE OELETE 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 out; that I am an officer or director of the corporation of the receiver of 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 manged or on an attachment with an address.

SIGNATURE: