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Mar 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000028306 (3)

1. Corporation Name

TAILGATORS OF GULF BREEZE, INC.

Principal Place of Business

2548 GULF BREEZE PARKWAY  
GULF BREEZE FL 32561

Mailing Address

2548 GULF BREEZE PARKWAY  
GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1997

4. FEI Number

59-3267239

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

O'DANIEL, MICHAEL S JR.  
2548 GULF BREEZE PARKWAY  
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name

KEVIN H. LAWRENCE

82 Street Address (P.O. Box Number is Not Acceptable)

2548 GULF BREEZE PARKWAY

83

84 City

Gulf Breeze

FL

85 Zip Code  
32561

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

KEVIN H. LAWRENCE

Kevin H. Lawrence

1-20-98

Signature, typed or printed name of registered agent and title if applicable

(Not a registered agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DS

☒ DELETE

NAME

O'DANIEL, MICHAEL S JR.

STREET ADDRESS

2755 BAYVIEW WAY

CITY-ST-ZIP

GULF BREEZE FL 32561

TITLE

DP

☒ DELETE

NAME

O'DANIEL, MICHAEL JR.

STREET ADDRESS

2800 BLACKSHEAR AVE.

CITY-ST-ZIP

PENSACOLA FL 32503

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

DS

☒ Change ☐ Addition

1.2 NAME

KEVIN H LAWRENCE

1.3 STREET ADDRESS

118 TRAVIS ST

1.4 CITY-ST-ZIP

PENSACOLA FL 32503

2.1 TITLE

DP

☐ Change ☐ Addition

2.2 NAME

KEVIN H LAWRENCE

2.3 STREET ADDRESS

118 TRAVIS ST

2.4 CITY-ST-ZIP

PENSACOLA FL 32503

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.

SIGNATURE: KEVIN H. LAWRENCE Kevin H. Lawrence 1-20-98 850-934-4666

CP2E034 (10/97)