

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).

0120877

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000031993 (3)**

1. Corporation Name

COOTER BROWN'S BAR & GRILL INC.

Principal Place of Business

1022 W SR 436
SUITE 1016
ALTAMONTE SPRINGS FL 32714

Mailing Address

1022 W SR 436
SUITE 1016
ALTAMONTE SPRINGS FL 32714

FILED

98 OCT 15 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1997

4. FEI Number

59-3436896

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

9. Name and Address of Current Registered Agent

GARRISON, TONY
1022 W SR 436
SUITE 1016
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

DAVID TODD

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

1022 W. STATE ROAD 436,

83

SUITE 1016

84 City

ALTAMONTE SPRINGS

FL

85 Zip Code
32714

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 *David W. Todd*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. ☒ DELETE
TITLE **D**
NAME **GARRISON, TONY**
STREET ADDRESS **1022 W SR 436**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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 **D** ☒ Change ☐ Addition
1.2 NAME **DAVID TODD**
1.3 STREET ADDRESS **1022 W. STATE ROAD 436, STE #1016**
1.4 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

2.1 TITLE **P** ☐ Change ☒ Addition
2.2 NAME **KIMBERLY A. TODD**
2.3 STREET ADDRESS **145 HOLDERNESS DR.**
2.4 CITY-ST-ZIP **LONGWOOD, FL 32779**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
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: *David W. Todd* **SIGNATURE REQUIRED**
DAVID TODD

7/22/98

407-786-6066

CR2E034 (5/98)