

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  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90037 006 \*\*\*150.00

DOCUMENT # P97000035200

1. Corporation Name

SANDPIPER RESTAURANT, INC.



Principal Place of Business

2950 49 STREET N  
ST. PETERSBURG FL 33710  
US

Mailing Address

5685 36TH AVE. N.  
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1997

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 2950-49 ST N.  
ST. PETERSBURG FL 33710

27 City & State

28 Zip

29 Country

4. FEI Number

59-3440728

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

9. Name and Address of Current Registered Agent

ROBERTS, CALVIN C  
6574 30TH AVE. N.  
ST. PETERSBURG FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 P  
NAME LIVINGSTON, JOSEPH  
STREET ADDRESS 5685 36 AVENUE NORTH  
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE VP  
NAME SAUER, MAXINE  
STREET ADDRESS 6036 106 AVENUE NORTH  
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE T  
NAME AMES, BOYD  
STREET ADDRESS 6036 106 AVENUE N  
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE S  
NAME LIVINGSTON, MARY  
STREET ADDRESS 5685 36 AVE. N  
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

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

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Boyd Ames

6036-106 AVE N.

PINELLAS PARK FL 33782

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99 727-321-2318

Date

Daytime Phone #

CR2E034 (11/98)