

0408011

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90211 033 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999

 FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000059233**

1. Corporation Name
DARVANHALL INC.

REJECTED JAN 06 1999



Principal Place of Business
COACH & HORSES BRITISH PUB
4921 CORTEZ RD W
BRADENTON FL 34210
US

Mailing Address
[REDACTED]
BRADENTON FL 34210

CANCELLED AUG 31 1998

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **[REDACTED]**
Suite, Apt. #, etc.
22 **[REDACTED]**
City & State
23 **[REDACTED]**
Country
24 **[REDACTED]**

2a. Mailing Address
26 **4921 CORTEZ RD W**
Suite, Apt. #, etc.
27 **[REDACTED]**
City & State
28 **BRAD**
Zip
29 **[REDACTED]**
Country
30 **[REDACTED]**

3. Date Incorporated or Qualified
07/07/1997

4. FEI Number
36-4168087

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$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
[REDACTED]
[REDACTED]
[REDACTED]
BRADENTON FL 34210

CANCELLED AUG 31 1998

10. Name and Address of New Registered Agent
81 Name **Barry Dare**
82 Street Address (P.O. Box Number is Not Acceptable) **6313 46TH ST EAST**
83 **[REDACTED]**
84 City **BRADENTON** FL 85 Zip Code **34210**

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 **Barry K Dare** DATE **3/2/99**

(NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	VANDER VELL, MARTIN C	
STREET ADDRESS	6860 GULFPORT BLVD SUITE 900	
CITY-ST-ZIP	ST PETERSBURG FL 33707-2108	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DARE, BARRY K	
STREET ADDRESS	6860 GULFPORT BLVD SUITE 900	
CITY-ST-ZIP	ST PETERSBURG FL 33707-2108	
TITLE	[REDACTED]	<input type="checkbox"/> DELETE
NAME	[REDACTED]	
STREET ADDRESS	[REDACTED]	
CITY-ST-ZIP	[REDACTED]	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRIEST, JOHN W	
STREET ADDRESS	120 LITTLE WEKIVA COURT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRIEST, ROSALIE F	
STREET ADDRESS	120 LITTLE WEKIVA COURT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

REGISTERED AGENT
Barry K Dare
6313 46TH ST EAST BRADENTON 34210

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]** DATE: **3/2/99** DAYTIME PHONE #: **941 758-4646**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)