

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).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 14 1998 8:00am
Secretary of State

DOCUMENT # P97000091219 (0)

1. Corporation Name

ANGELLINO'S RESTAURANT OF LARGO, INC.



Principal Place of Business

13883 WALSINGHAM ROAD
LARGO FL 33773

Mailing Address

13883 WALSINGHAM ROAD
LARGO FL 33773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1997

4. FEI Number

59-3473840

Applied For
Not Applicable

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

BARLAS, GEORGE
1016 TRADEWINDS DRIVE
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

FRANK DRUZAS

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

13883 WALSINGHAM RD

83

84 City

LARGO

FL

85 Zip Code

33773

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BARLAS, GEORGE
STREET ADDRESS 1016 TRADEWINDS DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE V ☐ DELETE

NAME DRUZAS, FRANK
STREET ADDRESS 104 MERCURY AVENUE SOUTH
CITY-ST-ZIP CLEARWATER FL 33765

TITLE S ☐ DELETE

NAME BARLAS, LEE
STREET ADDRESS 1016 TRADEWINDS DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

300002642835

-03/18/98--01019--015

***150.00

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

PRESIDENT

CR2E034 (5/98)

**ANGELLINO'S RESTAURANT OF LARGO, INC.
13883 WALSINGHAM ROAD
LARGO, FLORIDA 33774
(813) 595-8382**

June 30, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

RE: 1998 Profit Corporation Annual Report

Dear Sir/Madam,

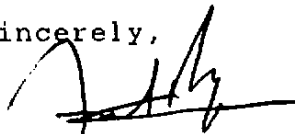
I am writing this letter in response to your second notice that I just received. We never received your first notice to pay the annual fee.

Enclosed is a check for \$150.00 and the Annual Report.

Please accept this as full payment since we did not receive the original form.

Thank you for your cooperation.

Sincerely,



President