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**

DOCUMENT # **P97000094025**1. Corporation Name

LILLO'S ITALIAN RESTAURANT, INC.

Principal Place of Business Mailing Address					1 10011001 1101111111111111111111111111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
364 GULF BREEZE PARKWAY GULF BREEZE FL 32561 GULF BREEZE FL 32561 GULF BREEZE FL 32561							
					DO NOT WRITE IN THIS SPACE		
·	•				3. Date Incorporated or Qualifed		1
					11/03/1997		
2. Principal P	lace of Business .	2a. Mailing Address			4. FEI Number	Applied	For
21		26			59-3489104	Not Appl	licable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	
City & State		City & State			6. Election Campaign Financing	\$5.00 May I	
23		28			Trust Fund Contribution	Added to Fee	
Zip 24	Country 25	Zip 3	Country 0	•	This corporation owes the current year In Personal Property Tax.	Yes □No	,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
	D, STEPHEN M	•	82	Stroot Addre	ess (P.O. Box Number is Not Acceptable)		$\overline{}$
364 GULF BREEZE PARKWAY			02	82 Street Address (P.O. Box Number is Not Acceptable)			
, GULI	F BREEZE FL 32561		83		Control of the contro		:
·			84	84 City FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-named corpo	pration submits this statement for the purpose o	f changing its regist	tered
agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligation	i Florida. Such change was auti	nonzed by	the corporatio	n's board of directors. I hereby accept the appo	intment as registere	ed
agent. I a	m familiar with, and accept the obligation	f Florida. Such change was autions of, Section 607.0505, Florid	nonzed by la Statutes	the corporatio	in's board of directors. I hereby accept the appo	intment as register	ed
agent. I a	m familiar with, and accept the obligation	Florida. Such change was autons of, Section 607.0505, Florid and title if applicable. (NOTE: R	nonzed by la Statutes	tne corporatio	in's board of directors. I hereby accept the appo	intilient as register	
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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. With all other like empowered.

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90056 025 ***150.00