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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1**9**98 DOCUMENT #

P97000102546 (3)

O'NEILL'S OAKHURST LOUNGE, INC.

Principal Place of Business	Mailing Address
9376 OAKHURST ROAD	9976 OAKHURST RO
SEMINOLE EL 33776	SEMINOLE EL 39776

## FILED May 27 1998 8:00am Secretary of State



AD DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 1<u>2/01/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 96808 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zιρ Country Country 8. This corporation owes or has paid the current year Intangible ☐ No 29 Personal Property Tax due June 30: 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LITTLE, THOMAS C 2123 N.E. COACHMAN ROAD STE. A 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 33765** 83 84 City 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: flegistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Addition DELETE 1.1 TITLE Change TITLE **TOLKACZ, DAVID A** 1.2 NAME NAME 9376 OAKHURST ROAD 1.3 STREET ADDRESS STREET ADDRESS **SEMINOLE FL 33776** CITY-ST-ZIP 1.4 CITY - S1 - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS 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 suppliemental 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block (3 if changed, or principle) with an anotross.