## 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 May 08, 1999 8:00 am Secretary of State

05-08-1999 90013 005 \*\*\*158.75

## DOCUMENT # P98000001517

1. Corporation Name

WINNER'S PUB, INC.

Principal	Place of	Business

Mailing Address

126 E-OLYMPIA-AVE. STE 408 PUNTA GORDA FL 32050 126 E OLYMPIA AVE. STE 408 PHINTA GORDA FL 33950



on compa	TOWN CONDITIES COMM		DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed 01/07/1998	-		
	ace of Business	2a. Mailing Address		4. FEI Number	App	olied For	
े <del>१५६३)</del>		26		65-0807135	Not	Applicable	
Suite, Apt.     865		Suite, Apt. #, etc.	511041	5. Certifcate of Status Desired	<b>\$8.75</b> A		
City & State		City & State	orda, f	6. Election Campaign Financing Trust Fund Contribution	\$5.00 r Added to		
Zip   3398	Country	Zip 29 33951 3	COUNTRY CONTROL		Yes	⊡V°	
	9. Name and Address of Current			10. Name and Address of New Registered	Agent	<u></u>	
MARRYOTT, THOMAS D  126 E OLYMPIA AVE, STE 408 PUNTA GORDA FL 33950  81 Name Street Address (P.O. Box Number is Not Acceptable) 1 2 Street Address (P.O. Box Number is Not Acceptable) 1 2 Street Address (P.O. Box Number is Not Acceptable) 1 2 Street Address (P.O. Box Number is Not Acceptable) 1 3 Street Address (P.O. Box Number is Not Accep							
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such change was aut ons of, Section 607,0505, Florid	horized by the corporate Statutes.	oration's board of directors. I nereby accept the apportunity	intment as reg	istered	
	Signature, typed or printed name of registered agent a		Registered Agent signature i	ADDITIONS/CHANGES, TO OFFICERS AN	ND DIDECTOR	DS IN 12	
i2	OFFICERS AND		13.	ADDITIONS/CHANGES, JO. OFFICERS AT	\(\frac{1}{2}\) Change	Addition	
ITLE	PD	☐ DELETE	1.1 TITLE	PD	A Change	☐ Addicon	
AME	VAN HORN, GLEN		1.2 NAME	Ghen Vanhorn, SR.			
TREET ADDRESS	126 E OLYMPIA AVE, STE 408		1.3 STREET ADDRESS	14 Texas Ave.	10.4		
ITY-ST-ZIP	PUNTA GORDA FL 33950		1.4 CITY-ST-ZIP	HKCADIA, + K 3	1366	- Addition	
ITLE	VST	X DELETE	2.1 TITLE	<del>XST</del>	Change	☐ Addition	
AME	GRAHAM, PEGGY		2.2 NAME	Lady Chapan			
TREET ADDRESS	126 E OLYMPIA AVE, STE 408		2.3 STREET ADDRESS	3632 VASCO ST	<b>4</b> . A	_	
ITY-ST-ZIP	PUNTA GORDA FL 33950		2.4 CITY-ST-ZIP	Panta GORDA, FL	<u>-ਤ-3ਮ </u> ਙ	<del></del>	
ITLE		☐ DELETE	31 TITLE	VST	☐ Change	<b>X</b> Addition	
AME			32 NAME	Vanhorn, Jean			
TREET ADDRESS			3.3 STREET ADDRESS	14 Texas Avenue			
ITY-ST-ZIP			3.4. CITY-ST-ZIP	Arcadia, FL 34266			
TLE		☐ DELETE	4.1 TITLE	•	Change	Addition	
AME			4. 2 NAME				
TREET ADDRESS			4 3 STREET ADDRESS				
ITY-ST-ZIP			4.4 CITY-ST-ZIP				
TLE .		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition	
AME			5.2 NAME				
TREET ADDRESS			5.3 STREET ADDRESS				
ITY-ST-ZIP			5.4 CITY-ST-ZIP				
ITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
AME			6.2 NAME				
TOPET ADODESS			6.3 STREET ADDRESS				

14. 1 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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-29-99* 

(941) 575-2422

Daytime Phone #