

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 # **P98000032426**
 1. Corporation Name

P+T's Restaurant Inc.
 Principal Place of Business Mailing Address

**320 N Cherry St.
 Monticello, FL 32344**

21	2. Principal Place of Business	26	2a. Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
	Country		Country
24		29	
		30	

9. Name and Address of Current Registered Agent

Patricia H. Robinson
Rt 7 Box 895
Tallahassee, FL 32308

B1	Name	
B2	Street Address (P.O. Box Number is Not Acceptable)	
B3		
B4	City	
		FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation solemnly states 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

12. OFFICERS AND DIRECTORS

TITLE	P	[] DELETE
NAME	Patricia Robinson	
STREET ADDRESS	320 N Cherry St.	
CITY-ST-ZIP	Monticello, FL 32344	
TITLE	V	[] DELETE
NAME	Norma Martin	
STREET ADDRESS	465 Morris Rd	
CITY-ST-ZIP	Monticello, FL 32344	
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

14 TITLE	[] Change [] Add/Resign
15 NAME	
16 STREET ADDRESS	
17 CITY-ST-ZIP	
18 TITLE	[] Change [] Add/Resign
19 NAME	
20 STREET ADDRESS	
21 CITY-ST-ZIP	
22 TITLE	[] Change [] Add/Resign
23 NAME	
24 STREET ADDRESS	
25 CITY-ST-ZIP	
26 TITLE	[] Change [] Add/Resign
27 NAME	
28 STREET ADDRESS	
29 CITY-ST-ZIP	
30 TITLE	[] Change [] Add/Resign
31 NAME	
32 STREET ADDRESS	
33 CITY-ST-ZIP	
34 TITLE	[] Change [] Add/Resign
35 NAME	
36 STREET ADDRESS	
37 CITY-ST-ZIP	
38 TITLE	[] Change [] Add/Resign
39 NAME	
40 STREET ADDRESS	
41 CITY-ST-ZIP	
42 TITLE	[] Change [] Add/Resign
43 NAME	
44 STREET ADDRESS	
45 CITY-ST-ZIP	
46 TITLE	[] Change [] Add/Resign
47 NAME	
48 STREET ADDRESS	
49 CITY-ST-ZIP	

APPROVED
 99 APR 14 AM 9:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified)	4-8-98	
4. FEI Number	59-3508865	Applied For Not Applicable
5. Certificate of Status Debated	[]	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	[]	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax	[] Yes [] No	
10. Name and Address of New Registered Agent		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: **Norma Martin**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

CR2E034 (1-198)