Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90147 010 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000038548

1. Corporation Name

LAGERHEAD'S PUB & GRILLE, INC.

Principal Flace of Business Mailing Address											
554 N HIGHWA			554 N HIGHWAY A1A								
SATELLITE BEACH FL 32937 SATELLITE BEACH FL 3293							DO NOT WRITE IN THIS SPACE				
							3. Date ncorpt 04/27/199	rated or Qualifed			
2. Principal Place of Business 2a.			a. Mailing Address				4. FEI Number	4. FEI Number - Applie			plied For
21		<u> </u>	26				59-3	50816	レナ	No	t Applicable
Suite, A.pt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			\$8.75	dditional
22		27	27				5. Certificate of Status Desired			Fee Required	
City & Stat	e		City & State				6. Election Can	npaign Financing		\$5.00	May Be
23		28	28				Trust Fund C	Contribution		Added 1	o Fees
Zip	Country	Zip	Zip Co				8. This corpora	tion owes the cur	rent year In	tangible	
24	25	29		30			Perso tal Pro	perty Tax.		☐ Yes	□No
	9. Name and Address of Curr	en: Registered Ag	ent		<u> </u>		10. Name and	Address of New	Register :d	Agent	
*:00	OCTA OCALE				81	Name					ļ
TIBBETTS, RENE					82	Street A	Idress (P.O. Bo Num	table)			
	N HIGHWAY A1A							·			
S.AT	ELLITE BEACH FL 32937										ļ
					84	City				85 Zip (	ode
					54	City			FL	_   03   =	
SIGNATUF:E	Signature, typed or printed name of registered a	<del></del>	(NOT			nt signature req	iired when reinstating)		DATE	UD DIDECTO	
12		AND DIRECTORS	Doctor	13.			ADDITIONS/C	CHANGES TO OF	FILERS A	Change	Addition
TITLE	D DEATE	l	DELETE	1.1 T		1				onlinge	
NAME	TIBBETTS, RENE	FOC			iame 						
STREET ADDRESS		536				FADDRESS					
CITY-ST-ZIP	COCOA BEACH FL 32937		DELETE	2.1 T	ITY-S	T-ZIP				Change	Addition
TITLE	TIPPETTO AMPRICA		DELETE								
NAME .	TIBBETTS, ANDREW	EAC			AME						ł
STREET ADDRESS		336		1		ADDRESS					
CITY-ST-ZIP	COCOA BEACH FL 32937		DELETE	3.1 T	ITY-S	IT-ZIP				Change	Addition
TITLE			- occe,c		IAME	}					_ )
NAME						ADDRESS					
STREET ADDRE 3S				- E		1					1
CITY-ST-ZIP			DELETE	3.4. G	ITY-S	11-ZIP				Change	Addition
TITLE					NAME	1				_ •	_
STREET ADDRESS				ı		ADDRESS					
				•	ITY-S						
CITY-ST-ZIP TITLE			DELETE	5.1 T						Change	Addition
NAME					IAME						
STREET ADDRESS				538	TREET	ADDRESS					
CITY-ST-ZIP				5.4 0	ITY-S	T-ZIP					1
TITLE			DELETE	6.1 T	TLE			····		Change	Addition
NAME				621	IAME	ļ					
STREET ADDRESS				635	TREE	TADDRESS					

14. 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 of 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:

CITY-ST-ZIP

S-POFSIDEN