## 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 # P98000044709

1. Corporation Name

PEPPERMINT LOUNGE, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90065 041 \*\*\*150.00



2822 TUCKERSTOWN DR. SARASOTA FL 34231	2822 TUCKERSTOWN DR. SARASOTA FL 34231		DO NOT WRITE IN T	HIS SPACE	
			3. Date Incorporated or Qualifed 05/15/1998	THO OF AGE	
2. Principal Place of Business 21 6690 54p4rior	4ve 2a. Mailing Address Sc	perior Are	4. FEI Number 65 - 0834745		olied For Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	L
City & State  23 SAMSOTA- FC	City & State	· FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip Country 24 3473 ( 25 4	5A 29 34731	Country USA	This corporation owes the current year     Personal Property Tax.	Yes	₽No _
9. Name and Address	s of Current Registered Agent	04  11	10. Name and Address of New Register	ed Agent	
MULLEN, R.J.		81 Name			
2822 TUCKERSTOWN DR.		82 Street Add	3. Box Number is Not Acceptable)		
SARASOTA FL 34231		83	14.12 104.11.11.1		
	<b>L</b> 1	84 City		. 85 Zip_C	ode
1 1 100	<del>e</del> ttti	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<i>/////////////////////////////////////</i>		3 41
11. Pursuant to the provisions of Section	ons 607.0502 and 607.1508, Florida Statute	es, the above-named cor	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	e of changing its pointment as rec	registered iistered
agent. I am familiar with, and accep	of the obligations of, Section 607.0505, Flor	ida Statutes.	, and a sound of an out-		·
SIGNATURE	NOTE:	Registered Agent signature requir	red when reinstation) DATE		
	f registered agent and title if applicable (NOTE: FICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	DELETE	1.1 TITLE	7	Change	Addition
NAME	<del>_</del>	I 12 NAME	Richard Mullen 4212 Berkshine 54045074 FL. 3		
STREET ADDRESS		1,3 STREET ADDRESS	UZIZ Berkshine	OR.	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	SAMOSOTA FE. S	Y2 Y1	
TITLE	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME		2 2 NAME	•		
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2. 4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE	1	Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS	•		
CITY-ST-ZIP		3.4. CITY-ST-ZIP	<u> </u>	·	
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			{
CiTY-ST-ZIP		4.4 CiTY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE	•	☐ Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5 3 STREET ADDRESS			}
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME		6.2 NAME			ì
STREET ADDRESS		1			ı
SIREE ADDRESS		6.3 STREET ADDRESS			

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.