


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

05-05-1999 90204 022 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000078182</b> 1. Corporation Name <b>C &amp; S IRISH, INC.</b>			
Principal Place of Business <b>9011 FARGO DRIVE McGee's Pub/Grill</b> <b>HUDSON FL 34667</b> <b>4106 Little Rd</b> <b>New Port Richie, FL 34652</b>		Mailing Address <b>9011 FARGO DRIVE</b> <b>HUDSON FL 34667</b> <b>4106 Little Rd</b> <b>New Port Richie, FL 34652</b>	
2. Principal Place of Business <b>21 4106 Little Rd Pub/Grill</b>		2a. Mailing Address <b>26 4106 Little Rd</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23 New Port Richie, FL</b>		City & State <b>28 New Port Richie, FL</b>	
Zip <b>24 34652</b>		Zip <b>29 34652</b>	
Country <b>25</b>		Country <b>30</b>	
9. Name and Address of Current Registered Agent <b>LINCOLN, CHARLES H</b> <b>9011 FARGO DRIVE 2541 Linwood Dr</b> <b>HUDSON FL 34667 Holiday, FL 34690</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	NAME <b>LINCOLN, CHARLES H</b>	1.1 TITLE <b>PIV/T/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>9011 FARGO DRIVE 2541 Linwood Dr.</b>	CITY-ST-ZIP <b>HUDSON FL 34667 Holiday, FL 34690</b>	1.2 NAME <b>Lincoln, Charles H</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>HUDSON FL 34667</b>	CITY-ST-ZIP <b>Holiday, FL 34690</b>	1.3 STREET ADDRESS <b>2541 Linwood Dr</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>Holiday, FL 34690</b>	CITY-ST-ZIP <b>Holiday, FL 34690</b>	1.4 CITY-ST-ZIP <b>Holiday, FL 34690</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	NAME <b>FARRELL, SUSAN K</b>	2.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>6944 GRAND BLVD</b>	CITY-ST-ZIP <b>NEW PORT RICHEY FL 34652</b>	2.2 NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>NEW PORT RICHEY FL 34652</b>	CITY-ST-ZIP 	2.3 STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 	CITY-ST-ZIP 	2.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	3.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	3.2 NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 	CITY-ST-ZIP 	3.3 STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 	CITY-ST-ZIP 	3.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	4.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	4.2 NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 	CITY-ST-ZIP 	4.3 STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 	CITY-ST-ZIP 	4.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	5.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	5.2 NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 	CITY-ST-ZIP 	5.3 STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 	CITY-ST-ZIP 	5.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	6.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	6.2 NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 	CITY-ST-ZIP 	6.3 STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 	CITY-ST-ZIP 	6.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Charles H Lincoln Charles H Lincoln 4/18/99 (727)376-8777  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)