## 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 # P98000086867 1. Corporation Name

GAS 'N' GRILLS, INC.

## 

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90015 006 \*\*\*150.00

	•						
Principal Place of Business Mailing Address						# 10011001 to 16/61 181/1 80/11 86/11 86/11 80/41 10/10 81/14 10/10 41/11 16/11	
14615 LIVINGST LUTZ FL 33549	ON AVE		14615 LIVINGSTON AVE LUTZ FL 33549				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed 10/07/1998
2. Principal Pla	ace of Business	2a	2a. Mailing Address				4. FEI Number Applied For
21			26				S9-3536 (3) Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional
22		27	·	~· <del>*</del>			Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip	Country		Zip r		ıntry		8. This corporation owes the current year Intangible Personal Property Tax.
24	25	29		30	,		Personal Property Tax. Li Yes 10. Name and Address of New Registered Agent
	9. Name and Address of Currer	it Regis	stered Agent		81	Name	10. Name and Address of New Registered Agent
KEITI	H W C				"	Name	
Keith, w C 1722 Staysail Drive			•			Street Address (P.O. Box Number is Not Acceptable)	
VALRICO FL 33594							
AVIL	100 FE 33394 .				83		
	-				84	City	FL 85 Zip Code
	# CO7.056	n 1 6	207 1E08 Florida Statuto	e the c	hove	named co	comporation submits this statement for the nurpose of changing its registered
office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Flori	da. Such change was au	thorize	a bv	the corpor	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE							
	Signature, typed or printed name of registered age					nt signature req	quired when reinstating)  DATE  DATE
12.	OFFICERS AN	ID DIRI	ECTORS DELETE	13.		— т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Mag 5 1 1
TITLE	D		O CLETE	1.1 T			Medikent ,
NAME	KEITH, W C		/		AME		mangosteward are
STREET ADDRESS	1722 STAYSAIL DRIVE						ryces how stand
CITY-ST-ZIP	VALRICO FL 33594		☐ DELETE	_	TY-S	T-ZiP	Change Addition
TITLE			L. DELETE	2.1 T			( )
NAME				2.2 N			•
STREET ADDRESS	•			1		TADDRESS	
CITY-ST-ZIP			☐ DELETE		OTY-S	ST-ZIP	Change Addition
TITLE	•			3.1 T			·
NAME					IAME		
STREET ADDRESS						T ADDRESS	
CITY-ST-ZIP			☐ DELETE	_	CITY-S	si-ZIP	☐ Change ☐ Addition
TITLE	•			4.1 T			
NAME					NAME		·
STREET ADDRESS						TADDRESS	
CITY-ST-ZIP			☐ DELETE		TTY-S	T-ZIP	☐ Change ☐ Addition
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NAME						TADDRESS	٠. ٠
STREET ADDRESS					ITY-S		,
CITY-ST-ZIP			☐ DELETE		TILE	1-2F	☐ Change ☐ Addition
TITLE			□ DECE IE		IAME		
NAME						T ADDRESS	
STREET ADORESS							
CITY-ST-ZIP				6,4 (	X-YTK	1-212	

CITY-ST-ZIP 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 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:** 

Esident Date