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 # P98000102192

FOURTH STREET ROADHOUSE, INC.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90190 031 ***150.00



	•			<u> </u>		
Principal Plac	ce of Business	Mailing Address) 10011001 110 (2101 1011) DOLL BOTT 00101 11011 0		
2430 ESTANCIA BLVD SUITE 106 2430 ESTANCIA BLVD SUITE 1 CLEARWATER FL 34621 CLEARWATER FL 34621				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed	- GI-AGE	
2 Dringing f	Place of Business	2a. Mailing Address		12/04/1998 4. FEI Number	An	plied For
7 2/14		26 2430 ESTANCIA	BIUD	59-3545151	 	t Applicable
21 0/45 Suite, Apt	.#. etc.	Suite, Apt. #, etc.	70,00		\$8.75	
	F106	27 # 106		5. Certificate of Status Desired	Fee Re	
City & Sta		City & State		6. Election Campaign Financing	\$5.00	May Be
23 C/EA	RWATER, FL	28 CISARWATER,	FL	Trust Fund Contribution	Added t	•
Zip	Country	Zip C	ountry	8. This corporation owes the current year In	tangible	_
24 33 70	ol 25 PNELLAS	29 33/6/ 30	PINELLA		☐ Yes	X No
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered	Agent	
81				AUDSON, MARION		
	DSON, MARION		82 Street Ag	idress (P.O. Box Number is Not Asceptable)		*
	ESTANCIA BLVD., SUITE 106		243	BO ESTANCIA BIUD		
CLEA	ARWATER FL 34621		83 # /	06		
			84 City		85 Zip (Code ,
			+	LEARWATER FL	- <i>\3</i> 3	761_
office or	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida Such change was authorit	zed by the corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	intment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Regist	ered Agent signature requ	uired when reinstating) DATE		
12.	OFFICERS AND		3.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	(D		17IILE 1	O/P	Change	Addition
NAME	DAVIDSON, MARION	1,	2 NAME	DAVIDSON MARION 2430 ESTANCIA BUD #1 CLEARWATER, FL 33761	06	
STREET ADDRESS	TADDRESS 2430 ESTANCIA BLVD., SUITE 106			2430 ESTANCIA DION TO		
CITY-ST-ZIP	CLEARWATER FL 34621		4 CITY-ST-ZIP	LIEARWATER, FL 33761		
TITLE		☐ DELETE 2.	1 TITLE		Change	Addition
NAME		2.	2 NAME			
STREET ADDRESS	s	2.	3 STREET ADDRESS			
CITY-ST-ZIP		2	4 CITY-ST-ZIP			
TITLE		☐ DELETE 3.	1 TITLE	 : ·	Change	Addition Addition
NAME		. 3.	2 NAME			
STREET ADDRESS	s	3.	3 STREET ADDRESS			
CITY-ST-ZIP		3.	4. CITY-ST-ZIP	~~=····		
TITLE		☐ DELETE 4.	1 TITLE		☐ Change	☐ Addition
NAME		4.	2 NAME			
STREET ADDRESS	3	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	s	5	3 STREET ADDRESS			
CITY-ST-ZIP		5.	4 CITY-ST-ZIP			
TITLE		☐ DELETE 6	1 TITLE		Change	Addition
NAME		6	2 NAME			
STREET ADDRESS	_t		2 CTDEET ADDOCCO			
	S!	■ 0	3 STREET ADDRESS			
CITY-ST-ZIP	S)		4 CTTY-ST-ZIP			

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