

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Janice G. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 11:11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S06042** (3)

1. Corporation Name  
**KOKOMO'S CARIBBEAN BAR & GRILL, INC.**

Principal Place of Business: **1501 WATERFORD DRIVE VENICE FL 34292**  
Mailing Address: **1501 WATERFORD DRIVE VENICE FL 34292**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/15/1990**  
3a. Date of Last Report: **04/04/1994**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

4. FEI Number: **65-0226538**  
Applied For:   
Not Applicable:

State Apt # etc: **22**  
City & State: **23**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

City: **24** County: **25** City: **29** County: **30**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MCINTYRE, SHAWN R.  
1501 WATERFORD DRIVE  
VENICE FL 34292**

81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 199.032 and 199.1608, 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 199.032, Florida Statutes.

SIGNATURE

By: *[Signature]* (Print Name of Registered Agent) \_\_\_\_\_ (Print Name of Agent) \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
OFFICER	<b>PD MILLER, MICHAEL W. 1501 WATERFORD DR VENICE FL</b>
OFFICER	<b>VST MCINTYRE, SHAWN R. 1501 WATERFORD DR VENICE FL</b>
OFFICER	<b>D MCINTYRE, SHAWN R 1501 WATERFORD DR VENICE FL</b>
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY & STATE	
18 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
20 STREET ADDRESS	
21 CITY & STATE	
22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY & STATE	
26 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY & STATE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(b), Florida Statutes. I further certify that the information submitted on this report or subsequent annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation, or the owner or trustee of the corporation, and I executed this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, and on an attached copy, if any.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
**Shawn R. McIntyre, V.P.**

4/24/95  
Tallahassee, Florida