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Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90098 023 \*\*\*150.00

UNCLASSIFIED

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S08025

1. Corporation Name  
O'FARRELLS IRISH PUB & RESTAURANT, INC.



Principal Place of Business: 1407 GULF BLVD. INDIAN ROCKS BEACH FL 34635  
Mailing Address: 1407 GULF BLVD. INDIAN ROCKS BEACH FL 34635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1990  
4. FEI Number: 59-3036987  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax: No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

WICKS, VALERIE  
1407 GULF BLVD.  
INDIAN ROCKS BEACH FL 34635

10. Name and Address of New Registered Agent

81 Name: MARK WICKS  
82 Street Address: 2019 CHURCH CREEK PT.  
84 City: LARGO FL 85 Zip Code: 33774

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: MARK WICKS (PRESIDENT DIRECTOR) 4/19/99

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include WICK, VALERIE and WICK, ROBERT.

Table with 2 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows include WICKS, MARK.

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: [Signature] 4/19/99 (727) 587-9037

CR2E034 (11/98)