


APPROVED  
AND  
FILED

1996 SEP -3 AM 10: 19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED  1996 SEP -3 AM 10:19  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <b>S38157</b> (1) 1. Corporation Name <b>KELLY'S SALOON, INC.</b>					
Principal Place of Business <b>1656 DAWN STREET SARASOTA FL 34231-8835</b>		Mailing Address <b>1656 DAWN STREET SARASOTA FL 34231-8835</b>			
2. Principal Place of Business [21] Suite, Apt. #, etc. [22] City & State [23] Zip Country [25] [24]		2a. Mailing Address [26] Suite, Apt. #, etc. [27] City & State [28] Zip Country [29] [30]		3. Date Incorporated or Qualified <b>03/15/1991</b> 3a. Date of Last Report <b>05/01/1995</b> 4. FEI Number <b>65-0251475</b> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SCARLETT, GARY 1656 DAWN STREET SARASOTA FL 34231</b>				10. Name and Address of New Registered Agent [81] Name [82] Street Address (P.O. Box Number is Not Acceptable) [83] [84] City FL [85] Zip Code	
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 _____ <small>(Signature typed or printed name of registered agent and true if applicable) (NOTE: Registered Agent Signature required when terminating) (DATE)</small>					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PD SCARLETT, GARY 1656 DAWN STREET SARASOTA FL [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [ ] Change [ ] Addition 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP <b>500001946005 -09/12/96--01088--017 ****225.00 ****225.00</b> <b>150 all/male</b>	
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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: <b>G. Scarlett</b> <b>G. SCARLETT</b> <b>8/7/96</b> <b>941-915-4144</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					