## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$47602

(5)

CHARLIE'S PUB, INC.

Principal Place of Business				Mailing Address							<b>                                   </b>
3496 TAMIAMI TRAIL PORT CHARLOTTE FL 33952				3496 TAMIAMI TRAIL PORT CHARLOTTE FL 33952-8127							
								3. Date Incorporated or Qualified 04/24/1991		of Last R	eport
2. Principal P	lace of Busin	ess	2a. Ma	ailing Address				4. FEI Number		Ap	plied For
21		26					65-0255777 Not Applicable				
Suite, Apt 22		27	· · · · · · · · · · · · · · · · · · ·				5. Certificate of Status Desired		\$8.75 A		
City & State				City & State				6. Election Campaign Financing \$5.00 May Be			
23		C	28		T 6-			Trust Fund Contribution		Added t	
Zip		Country	Z <sub>1</sub>	Þ		untry	,	8. This corporation has liability for i			199.032,
24	25   9. Name and Address of Current I			29 30 30 epistered Agent				Florida Statutes Y Yes No 10. Name and Address of New Registered Agent			
						81	Name	10. 11	in the same of	,	
	W OLYMPIA					82	Otto Add	(D.O. D. M. L. M.)			
PUNTA GORDA FL 33950							Street Add	ress (P.O. Box Number is Not Acceptab	(6)		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					83			******		
						84	City			85 Zip (	Pada .
						-			FL	1	
11. Pursuant office or ragent. La	to the provisi registered ag im familiar wit	ons of Sections 607. ent, or both, in the S h, and accept the ol	0502 and 607. tate of Florida. oligations of, Se	1508, Florida Statu Such change was ection 607.0505, F	utes, the e authorize Torida Sta	ibovi id by ituter	e-named corp the corpora s.	ooration submits this statement for the p lion's board of directors. I hereby accep	urpose of c it the appoi	hanging it ntment as	s registered registered
	Signarize, typedi-	or pointed name of registere			TE. Register	d Age	ent signaturé requi	red when reinstating)	DATE		
12.	T 885	OFFICERS	AND DIRECTO		13.		<del>, , , , , , , , , , , , , , , , , , , </del>	ADDITIONS/CHANGES TO OFFIC			
2 11 £	PST	/ 1011111		☐ DELETE	1.1 1				L	Change	Addition
NAMÉ	MURDOCH					AME					
STREEL ADDRESS	P.O. BOX MURDOCH						ADDRESS				
City - ST - ZIP TITLE	D	\		DELETE	1.4 ( 2.1 T		ST-20P		r	Change	Addition
NAMÉ	MURDOCH	M MHOL.		_ present	2.1				L	1 Oligiilig	- Maganan
STREET ADDRESS	P.O. BOX						ADDRESS				ļ
CITY - ST - ZIP	MURDOCI						ST-ZIP				
Tilli				☐ DELETE	3.1 7		Ot - Eff		T	Change	Addition
NAME					3.2 1	AME					_
STREET ADDRESS					3.3 9	TAEET	ADDRESS				
CITY+ST ZIP					3.4.	CHTY-:	ST-ZIP				
TITLE				DELETE	4.1 7	ITLE				Change	Addition
NAME					4. 2	NAME					
STREET ADDRESS					4.3 9	TREET	ADDRESS				
CITY - S1 - 7IP							51 - ZIP				
TITLE				☐ DELETE	5.1 3				L	Change	Addition
NAMÉ					5.2			·			
STREET ADDRESS					5.3 9	TREET	ADDRESS				

14. I do nereby 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 amount 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 this 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. HEQUIREDJOHN M. HURDOCK

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CCLY+ST 7IP

STREET ADDRESS

3111£

NAME

DELETE

Change

Addition

**FILED** 

Apr 29 1997 8:00am

Secretary of State