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

**PROFIT CORPORATION ANNUAL REPORT** 

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # V05801

(8)

BLACK ANGUS RESTAURANT & LOUNGE, INC.

Mailing Address

## **FILED** Apr 15 1998 8:00am Secretary of State



	D W. HIGHWAY 98 4500 W. HIGHWAY 98 IAMA CITY FL 32405 PANAMA CITY FL 32405			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 01/06/1992
	lace of Business	2a. Mailing Addres	s			4. FEI Number Applied For
21		26				<b>59-3181811</b> Not Applica
Suite, Apt.	#, etc.	Suite, Apt. #, et	c.			5. Certificate of Status Desired See Required \$8.75 Additional
City & State		City & State	27 City & State			
23	<del>u</del>	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	<b>Zip</b> Country Zip		Cour		,	8. This corporation owes or has paid the current year Intangible
24	25 29 30			Personal Property Tax due June 30. 🔀 Yes 🗌 No		
	9. Name and Address of Curr	ent Registered Agent		1		10. Name and Address of New Registered Agent
	XLK, JACALYN N., ESQ.			81	Name	
	10 BECK AVENUE NAMA CITY FL 32405			82	Street A	Address (P.O. Box Number is Not Acceptable)
PA	INAMA CIIT FL 32403			83		
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508, Florida	Statutes, the a	bove	e-named (	corporation submits this statement for the purpose of changing its register
agent. I a	<b>egiste</b> red agent, or boin, in the Sta m <b>fam</b> iliar with, and accept the obt	te of Florida. Such change igations of, Section 607.05	05, Florida Sta	atute	, me corp s.	coration's board of directors. I hereby accept the appointment as registered
SIGNATURE						
10	Signature typed or printed name of registered a	agent and title if applicable  ND DIRECTORS	(NOTE: Register		ont signature (	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D OFFICERS A	DELE		TITLE	·	Change Addi
NAME	PAUL, GARY R.			NAME		
STREET ADDRESS	4500 W. HIGHWAY 98				ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL			1.4 City-St-Zip		
TITLE	DELETE			2.1 TITLE		Change Addi
NAME			221	NAME		
STREET ADDRESS			2.3 9	STREET	ADDRESS	
CITY-ST-ZIP			2.4	CITY-	ST-ZIP	
TITLE		DELE:	TE 3.1 1	TITLE		☐ Change ☐ Addi
NAME			3.21	NAME		
STREET ADDRESS			335	STREET	ADDRESS	
CITY-ST-ZIP				CITY-S	ST-ZIP	
TITLE		☐ DELE	TE 4.1 1	TITLE		Change Addit
NAME			4.2	NAME		
STREET ADDRESS			435	STREET	ADDRESS	
CITY-ST-ZIP				CITY-S	it - ZIP	
TITLE		☐ DELE				Change Addi
NAME			1	MAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	· ·	- Determine		CITY - S	T-ZIP	Change Addii
TITLE		☐ DELE				Change Addit
NAME				MAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			6.4 (	CITY-S	T-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.