FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V33226** **(4)**

1. Corporation Name

BRASSIES BAR & GRILLE, INC.

Principal Place of Business	Mailing Address
C/O JOHN P. MILLIGAN, JR. 1500 COLONIAL FT. MYERS FL 33907	C/O JOHN P. MILLIGAN, JR. 1500 COLONIAL FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 3452 Cleveland Ave
22: Suite, Apt. #, etc.
23: City & State: FT. MYERS FL
24: Zip: 33901
25: Country: LEE

2a. Mailing Address
26: 8072 New Jersey BLVD
27: Suite, Apt. #, etc.
28: City & State: FT. MYERS FL
29: Zip: 33912
30: Country: LEE

4. FEI Number: ~~65-0020387~~ 65-0408247 ☐ Applied For ☐ Not Applicable

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

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

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MILLIGAN, JOHN P., JR.
1500 COLONIAL BLVD., #103
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name: KATHLEEN BESON
82 Street Address (P.O. Box Number is Not Acceptable): 8072 New Jersey Blvd
83:
84 City: FT. MYERS **FL** 85 Zip Code: 33912

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: Kathleen F. Beson Kathleen F BESON 4/25/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BESON, LEO F.	1.2 NAME	
STREET ADDRESS	8072 NEW JERSEY BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	SVT	2.1 TITLE	☐ Change ☐ Addition
NAME	BESON, KATHLEEN F.	2.2 NAME	
STREET ADDRESS	8072 NEW JERSEY BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BESON, KATHLEEN F.	3.2 NAME	
STREET ADDRESS	8072 NEW JERSEY BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: Kathleen F. Beson KATHLEEN F BESON 4/25/95 813-996-1912
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

032350 CP