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Feb 25, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V39911

1. Corporation Name

LAKESIDE SHANTY RESTAURANT & BAR, INC.

Principal Place of Business

615 7TH ST SW
WINTER HAVEN FL 33990

Mailing Address

PO BOX 9214
WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1992

2. Principal Place of Business

2a. Mailing Address

P.O. Box 1593

4. FEI Number

65-0342689

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BAIER, GERALD E.
6750 WINTERSET GARDENS RD
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name ANITA ELAINE GRAHAM

82 Street Address (P.O. Box Number is Not Acceptable)

501 Robert Ave.

83 WINTER HAVEN FL

84 City WINTER HAVEN FL

85 Zip Code 33880

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 Anita E. Graham
Signature, typed or printed name of registered agent and title if applicable

(ANITA ELAINE GRAHAM)

1/12/99
DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BAIER, GERALD E.
STREET ADDRESS 6750 WINTERSET GARDENS RD
CITY-ST-ZIP WINTER HAVEN FL

☒ DELETE

TITLE DST
NAME MERRILL, TERRIE L.
STREET ADDRESS 334 VAIL DR S.E.
CITY-ST-ZIP WINTER HAVEN FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ANITA PT
1.2 NAME ANITA ELAINE GRAHAM
1.3 STREET ADDRESS 501 Robert Ave
1.4 CITY-ST-ZIP WINTER HAVEN, FL 33880

☒ Change ☐ Addition

2.1 TITLE JAMES DS
2.2 NAME JAMES T. BOUNDS
2.3 STREET ADDRESS 4430 SE. FT KING
2.4 CITY-ST-ZIP OCALA, FL 34470

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 persons empowered.

SIGNATURE: James T. Bounds Sec. James T. Bounds 1-12-99 352-694-3748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)