

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 180769 (2)

1. Corporation Name

S. & M. WATABURGER, INC.



Principal Place of Business

110 N.E. 16 AVE
GAINESVILLE FL 32601-3780

Mailing Address

110 N.E. 16 AVE
GAINESVILLE FL 32601-3780

3. Date Incorporated or Qualified

09/27/1954

3a. Date of Last Report

04/26/1995

4. FEI Number

59-0730219

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

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

HILDEBRAND, P H
110 N.E. 16 AVE
GAINESVILLE FL 32601

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

Signature typed on bottom of front of registered agent and then again below

DATE Registered Agent's appointment is required with filing

DATE

12. OFFICERS AND DIRECTORS

TITLE PS
NAME HILDEBRAND, P H
STREET ADDRESS 110 N.E. 16 AVE
CITY-ST-ZIP GAINESVILLE, FL 00000

☐ DELETE

TITLE TD
NAME HILDEBRAND, P H
STREET ADDRESS 110 N.E. 16 AVE
CITY-ST-ZIP GAINESVILLE, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(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 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 on block 13 (change), or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P H HILDEBRAND

4/18/96 352-376-0924

CR2E034 (12/95)