

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 708602 (8)**

1. Corporation Name

**THE FLORIDA RESTAURANT ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**200 WEST COLLEGE AVE  
HOSPITALITY SQUARE  
TALLAHASSEE FL 32301**

**200 WEST COLLEGE AVE  
HOSPITALITY SQUARE  
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

**03/08/1965**

3a. Date of Last Report

**02/28/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** P.O. Box 1779

**23** City & State

**27** Suite, Apt. #, etc.  
**28** Tallahassee, FL

**24** Zip

**25** Country

**29** Zip

**30** Country

**32302**

4. FEI Number

**59-0571930**

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

**MIGHDOLL, M.J.  
2441 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

**81** Name **Carol B. Dover**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**200 West College Avenue**  
**83**  
**84** City **Tallahassee** **FL** **85** Zip Code **32301**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0303, Florida Statutes.

SIGNATURE

*Carol B. Dover*

(NOTE: Registered Agent signature required when reinstating)

**5/1/96**

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MURRAY, DENNIS	
STREET ADDRESS	7758 APPLE TREE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEONARD, BOB	
STREET ADDRESS	2655 N.E. 189TH ST.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MCCOMAS, MICHAEL	
STREET ADDRESS	840 B 12TH AVE. S	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JARRETT, DAVE	
STREET ADDRESS	P.O. BOX 10000 N/A	
CITY-ST-ZIP	LAKE BUENA VISTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AVERY, KIM	
STREET ADDRESS	15730 COUNTRY COURT	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	MIGHDOLL, M.J.	
STREET ADDRESS	3650 N. 36TH AVENUE #29	
CITY-ST-ZIP	HOLLYWOOD FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP	Orlando, FL 32819	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP	N. Miami Beach, FL 33180	
31 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	801 12th Avenue S., Suite 300	
34 CITY-ST-ZIP	Naples, FL 33940	
41 TITLE	PE/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	5370 Keswick Court	
44 CITY-ST-ZIP	Orlando, FL 32812	
51 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	15730 Country Court	
54 CITY-ST-ZIP	Ft. Myers, FL 33912	
61 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Dover, Carol B.	
63 STREET ADDRESS	Route 1, Box 3016	
64 CITY-ST-ZIP	Havana, FL 32333	

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 115.07(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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Carol B. Dover*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/96**

Date

**904/224-2250**

Daytime Phone #

CR2E037 (12/95)