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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	P.O. BOX 1779 TALLAHASSEE FL 32302-1779 US

3. Date Incorporated or Qualified: 03/08/1965
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 230 S. ADAMS ST.
Suite, Apt. #, etc.: 22
City & State: 23 TALLAHASSEE, FL
Zip: 24 32301 Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

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	10. Name and Address of New Registered Agent
DOVER, CAROL B 200 W. COLLEGE AVE TALLAHASSEE FL 32301	81 Name CAROL B. DOVER 82 Street Address (P.O. Box Number is Not Acceptable) 230 S. ADAMS ST 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 617.0503, Florida Statutes.

SIGNATURE ______________________
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	D	☐ DELETE	1.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	MURRAY, DENNIS		1.2 NAME		
STREET ADDRESS	7758 APPLE TREE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	LEONARD, BOB		2.2 NAME	SHUMATE, BILL	
STREET ADDRESS	2655 N.E. 189TH ST.		2.3 STREET ADDRESS	1413 S HOWARD	
CITY-ST-ZIP	N. MIAMI BEACH FL		2.4 CITY-ST-ZIP	TAMPA - FL - 33606	
TITLE	PD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MCCOMAS, MICHAEL		3.2 NAME		
STREET ADDRESS	801 12TH AVE. S., STE. 300		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	PED	☐ DELETE	4.1 TITLE	P/D	☒ Change ☐ Addition
NAME	JARRETT, DAVE		4.2 NAME		
STREET ADDRESS	5370 KESWICK CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	5.1 TITLE	PE/D	☒ Change ☐ Addition
NAME	AVERY, KIM		5.2 NAME		
STREET ADDRESS	15730 COUNTRY CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DOVER, CAROL B		6.2 NAME		
STREET ADDRESS	RT. 1, BOX 3016		6.3 STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 REQUIRED 4/30/97 904/224-2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008079