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**APPROVED  
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1995 MAY -1 PM 5:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **J45894** (9)  
1. Corporation Name  
**BUFFALO'S ORIGINAL WINGS & RINGS II OF TALLAHASSEE, INC.**

Principal Place of Business: **1804 W PENSACOLA ST TALLAHASSEE FL 32304**  
Mailing Address: **PO BOX 966 TALLAHASSEE FL 32302**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/08/1986</b>		3a. Date of Last Report <b>08/09/1994</b>	
4. FEI Number <b>59-2747050</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. The corporation has liability for intangible tax under § 199 (1)(2) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address				4. FEI Number				Applied For	
21				26				59-2747050				Not Applicable	
Suite, Apt. #, etc				Suite, Apt. #, etc.				5. Certificate of Status Desired				<input type="checkbox"/>	
22				27				6. Election Campaign Financing				<input type="checkbox"/>	
City & State				City & State				Trust Fund Contribution				<input type="checkbox"/>	
23				28				8. The corporation has liability for intangible tax under § 199 (1)(2) Florida Statutes				<input type="checkbox"/> Yes <input type="checkbox"/> No	
24				25				29				30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>JACKSON, EDDIE 320 E TENNESSEE ST TALLAHASSEE FL 32301</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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 or printed name) of registered agent and fee if applicable. NOTE: Registered Agent signature required when transferring. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>LEWIS, P. DONALD</b>	1.1 TITLE	<b>500001473605</b>
NAME	<b>1904 WEST PENSACOLA ST.</b>	1.2 NAME	<b>-05/03/95--01118--002</b>
STREET ADDRESS	<b>TALLAHASSEE FL</b>	1.3 STREET ADDRESS	<b>****200.00 ****200.00</b>
CITY ST ZIP		1.4 CITY ST ZIP	
TITLE	VSTD <b>JACKSON, JAMES E.</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8752 THOMAS DRIVE</b>	2.2 NAME	
STREET ADDRESS	<b>PANAMA CITY BEACH FL</b>	2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE	VD <b>AZAR, NORMAN</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>905 E FAIRVIEW</b>	3.2 NAME	
STREET ADDRESS	<b>MONTGOMERY AL</b>	3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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 as an attachment with an address.

SIGNATURE: *[Signature]* **2/8/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR