FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:21

DOCUMENT # K55194 (0)

1. Corporation Name
FUDPUCKER'S OF DESTIN, INC.

Principal Place of Business	Mailing Address
20001-A EMERALD COAST PARKWAY DESTIN FL 32541	20001-A EMERALD COAST PARKWAY DESTIN FL 32541

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/01/1989
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 20001 Emerald Coast Parkway
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

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

4. FEI Number: 59-2922611 ☐ 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

RAHMES, GORDON R., JR.
1813 JOHN SIMS PKWY.
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name: J. Jerome Miller
82 Street Address (P.O. Box Number is Not Acceptable): 415 Mountain Drive
83 Suite 3
84 City: Destin FL 85 Zip Code: 32541

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: J. Jerome Miller J. Jerome Miller, Atty 1-18-95
(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	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	KROEGER, CHESTER G.	1.2 NAME		
STREET ADDRESS	606 LAGOON DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	FREY, MICHAEL J.	2.2 NAME		
STREET ADDRESS	4315 HWY 98 E, UNIT 2	2.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP		
TITLE	DVST	3.1 TITLE		☒ Change ☐ Addition
NAME	EDWARDS, TIMOTHY M	3.2 NAME	DVST	
STREET ADDRESS	~~390 EVERGREEN CIRCLE~~	3.3 STREET ADDRESS	EDWARDS, TIMOTHY M	
CITY-ST-ZIP	~~DESTIN FL~~	3.4 CITY-ST-ZIP	500 WALTON WAY DESTIN, FLORIDA 32541	
TITLE	~~V~~	4.1 TITLE		☒ Change ☐ Addition
NAME	~~GUNDRY, DAVID A~~	4.2 NAME	(DELETE)	
STREET ADDRESS	~~18 AZALEA DR~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~MARY ESTHER FL~~	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, DAVID A	5.2 NAME		
STREET ADDRESS	390 EVERGREEN CIR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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.

SIGNATURE: Timothy M. Edwards 1/21/95 904-654-1544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #