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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000035360 (5)**

1. Corporation Name
EDITH'S FAMILY RESTAURANTS, INC.

Principal Place of Business	Mailing Address
2443 US HWY 1 SOUTH ST AUGUSTINE FL 32086 US	2443 US HWY 1 SOUTH ST AUGUSTINE FL 32086-6076 US

3. Date Incorporated or Qualified: 05/20/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 2443 Hwy U.S. 1 SO	26 2443 Hwy U.S. 150
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 ST Augustine FLA	27 ST. AUGUSTINE FL
City & State	City & State
23 32086	28 32086
Zip / Country	Zip / Country
24 / 25 U.S.A	29 / 30 U.S.A

4. FEI Number: 59-3180515 ☐ 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
HYDES, TRACEY A ~~JR~~ SR 2676 US HWY 1 S 2443 US HWY 1 SOUTH ST AUGUSTINE FL 32086	81 Name: TRACEY A HYDES SR. 82 Street Address (P.O. Box Number is Not Acceptable): 503 SAN JOSE Rd. 83 ST. AUGUSTINE FC 32086 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HYDES, TRACEY A JR.		1.2 NAME	
STREET ADDRESS	2443 US HWY 1 SOUTH		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL		1.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HYDES, TRACEY A SR.		2.2 NAME	
STREET ADDRESS	2443 US HWY 1 SOUTH		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tracey A Hydes SR 4-29-97