

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000035360 (5)**

1. Corporation Name

EDITH'S FAMILY RESTAURANTS, INC.

Principal Place of Business

**2443 US HWY 1 SOUTH
ST AUGUSTINE FL 32086
US**

Mailing Address

**2443 US HWY 1 SOUTH
ST AUGUSTINE FL 32086
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30 ☒ Yes ☐ No

2. Principal Place of Business

21 **2443 U.S. Hwy 1 So.**

Suite, Apt. #, etc.

22 **N/A**

City & State

23 **ST AUGUSTINE FL**

Zip

24 **32086**

Country

25 **ST. JOHNS**

2a. Mailing Address

26 **2443 U.S. Hwy 1 South**

Suite, Apt. #, etc.

27 **N/A**

City & State

28 **ST. AUGUSTINE FL**

Zip

29 **32086**

Country

30 **ST. JOHNS**

9. Name and Address of Current Registered Agent

**HYDES, TRACEY A SR
503 SAN JOSE RD
ST AUGUSTINE FL 32086**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE

NAME **HYDES, TRACEY A JR.**
STREET ADDRESS **2443 US HWY 1 SOUTH**
CITY - ST - ZIP **ST AUGUSTINE FL**

TITLE **VSD** ☐ DELETE

NAME **HYDES, TRACEY A SR.**
STREET ADDRESS **2443 US HWY 1 SOUTH**
CITY - ST - ZIP **ST AUGUSTINE FL**

TITLE ☐ DELETE

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