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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000035360 (5)

EDITH'S FAMILY RESTAURANTS, INC.

## **FILED**

Apr 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2443 US HWY 1 SOUTH 2443 US HWY 1 SOUTH ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32086 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/20/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2443 4:5. 59-3180515 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6, Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent Name and Address of Current Registered Ager 81 Name HYDES, TRACEY A SR **503 SAN JOSE RD** 82 Street Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE FL 32086 83 84 City 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 banie of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change ☐ Addition HYDES, TRACEY A JR. NAME 1.2 NAME **2443 US HWY 1 SOUTH** STREET ADDRESS 1.3 STREET ADDRESS ST AUGUSTINE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE HYDES, TRACEY A SR. 22 NAME NAME **2443 US HWY 1 SOUTH** STREET ADDRESS 2.3 STREET ADDRESS ST AUGUSTINE FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 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 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 roceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that make appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE: