

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000074117 (9)**

1. Corporation Name

D. & M. RESTAURANTS, INC.



Principal Place of Business

12210 U.S. HIGHWAY 27 NORTH
OCALA FL 34482

Mailing Address

12210 U.S. HIGHWAY 27 NORTH
OCALA FL 34482

3. Date Incorporated or Qualified
09/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

99-3335743

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8946 SW 192ND CT RD

8946 SW 192ND CT RD

City & State

City & State

DUNWELLEN

DUNWELLEN

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

34432

Country

Country

34432

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

D'AMICO, ANTHONY
5691 N.W. 102 COURT
OCALA FL 34482

81 Name **LOIS M. MATTHEWS**
82 Street Address (P.O. Box Number is Not Acceptable)
12210 U.S. HIGHWAY 27 NORTH
83
84 City **OCALA** FL 85 Zip Code **34482**

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 607.0509, Florida Statutes

SIGNATURE

Lois M. Matthews

(NOTE: Registered Agent signature required when reappointing)

2-20-96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	DP
STREET ADDRESS		1.3 STREET ADDRESS	LOIS M. MATTHEWS
CITY-ST-ZIP		1.4 CITY-ST-ZIP	1435 SW 133RD AVE RD OCALA, FL 34482
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	P VP
STREET ADDRESS		2.3 STREET ADDRESS	WAYNE J. HEMBACH
CITY-ST-ZIP		2.4 CITY-ST-ZIP	8946 SW 192ND CT RD DUNWELLEN, FL 34482
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	P ST
STREET ADDRESS		3.3 STREET ADDRESS	CAROL A. HEMBACH
CITY-ST-ZIP		3.4 CITY-ST-ZIP	8946 SW 192ND CT RD DUNWELLEN, FL 34482
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	P
STREET ADDRESS		4.3 STREET ADDRESS	DOMINIC A. SACCO
CITY-ST-ZIP		4.4 CITY-ST-ZIP	1435 SW 133RD AVE RD OCALA, FL 34482
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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)(k), 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:

Lois M. Matthews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96

DATE

904-237-4616

TELEPHONE NUMBER

CR2E034 (12/95)