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**Jan 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000097066 (1)

1. Corporation Name
MCCLAMITY'S GRILL, INC.



Principal Place of Business: **127 HORSESHOE TRAIL ORMOND BEACH FL 32174**
Mailing Address: **127 HORSESHOE TRAIL ORMOND BEACH FL 32174-8229**

3. Date Incorporated or Qualified: **12/18/1995**
3a. Date of Last Report: **04/09/1996**
4. FEI Number: **59-3349068**
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

2. Principal Place of Business: **47 Forest View Way Ormond Beach Florida 32174 Volusia**
2a. Mailing Address: **47 Forest View Way Ormond Beach Florida 32174 Volusia**
23. Zip: **32174** Country: **Volusia**
24. Zip: **32174** Country: **Volusia**

9. Name and Address of Current Registered Agent
**MCKENNA, MICHAEL
127 HORSESHOE TRAIL
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent
81 Name: **McKenna, Michael**
82 Street Address (P.O. Box Number is Not Acceptable): **47 Forest View Way**
83 City: **Ormond Beach.** Zip Code: **32174**
84 City: **Ormond Beach.** State: **FL** Zip Code: **32174**

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: *Michael McKenna* **Michael McKenna** DATE: **1-24-97**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCKENNA, MICHAEL	
STREET ADDRESS	127 HORSESHOE TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McKenna, Michael	
1.3 STREET ADDRESS	47 Forest View Way	
1.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael McKenna* **Michael McKenna** DATE: **1-24-97** DAYTIME PHONE: **904-676-3145**

CR2E034 (9/96)