FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN 21 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001520591
-06/22/95--01049--012
****225.00 ****225.00

DOCUMENT # V71552

1. Corporation Name

CAPTAIN JACK"S RESTAURANT & LOUNGE, INC

Principal Place of Business / Mailing Address
6441 Highway 17/92 West Polk County
~~Lake Alfred~~, Fl 33850

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/1/92
3a. Date of Last Report:

2. Principal Place of Business
21 same
Suite, Apt #, etc.
22 same
City & State
23 same
Zip
24
Country
25 Polk

2a. Mailing Address
26 same
Suite, Apt #, etc.
27 same
City & State
28 same
Zip
29
Country
30 same

4. FEI Number: 59-3144136 ☐ 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

John M Manolakas
6441 Us Highway 17/92 West
~~Lake Alfred~~, Fl 33850
Haines City
all same Address Haines city.

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 _____ DATE
Signature, typed or printed name of registered agent, and the date of signing (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME President STREET ADDRESS Frangoula Manolakas CITY ST ZIP 6441 Hwy 17/92 W ~~Lake Alfred, Fl 33850~~	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP
TITLE D NAME V President STREET ADDRESS Minas Manolakas CITY ST ZIP 6441 Hwy 17/92 West 33850 ~~Lake Alfred, Fl 33850~~	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP
TITLE D NAME V President STREET ADDRESS Emmanuel Manolakas CITY ST ZIP 6441 Hwy 17/92 West ~~Lake Alfred, Fl 33850~~	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP
TITLE D NAME Treasurer STREET ADDRESS John Manolakas CITY ST ZIP 6441 Hwy 17/92 West ~~Lake Alfred~~, Fl 33850	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP
TITLE D NAME Secretary STREET ADDRESS Sophia Manolakas CITY ST ZIP 6441 Hwy 17/92 West ~~Lake Alfred~~, Fl 33850	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 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)(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: Sophia Manolakas 5-21-95 fw
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
SOPHIA MANOLAKAS - SECRETARY