

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

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P96000083858 (6)

1. Corporation Name
L & S RESTAURANTS, INC.

Principal Place of Business 114 NORTH HIGHWAY 71 WEWAHITCHKA FL	Mailing Address RT. 3 BOX 81 WEWAHITCHKA FL 32465
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3405489	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LARKIN, MARTHA A RT 3 BOX 81 WEWAHITCHKA FL 32465				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 Martha A. Larkin - **Martha A. Larkin President** 1-26-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, MARVIN H.			1.2 NAME			
STREET ADDRESS	RT. 3, BOX 81			1.3 STREET ADDRESS			
CITY - ST - ZIP	WEWAHITCHKA FL			1.4 CITY - ST - ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	President/Sec./Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LARKIN, MARTHA A.			2.2 NAME	Larkin, Martha A.		
STREET ADDRESS	RT. 3 BOX 81			2.3 STREET ADDRESS	Rt. 3, Box 81		
CITY - ST - ZIP	WEWAHITCHKA FL			2.4 CITY - ST - ZIP	Wewahitchka, Fla. 32465		
TITLE	AT	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, DONNA K.			3.2 NAME			
STREET ADDRESS	RT. 3, BOX 81			3.3 STREET ADDRESS			
CITY - ST - ZIP	WEWAHITCHKA FL			3.4 CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LARKIN, PETER J.			4.2 NAME	Larkin, Peter J.		
STREET ADDRESS	RT. 3 BOX 81			4.3 STREET ADDRESS	Rt. 3, Box 81		
CITY - ST - ZIP	WEWAHITCHKA FL			4.4 CITY - ST - ZIP	Wewahitchka, Fl. 32465		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	Wang, DeGui		
STREET ADDRESS				5.3 STREET ADDRESS	Rt. 3, Box 81		
CITY - ST - ZIP				5.4 CITY - ST - ZIP	Wewahitchka, Fla. 32465		
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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martha A. Larkin **Martha A. Larkin President** 850/639-4404
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0537829

CR2E034 (10/97)