

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

**FILED**  
**Feb 16, 1999 8:00 am**  
**Secretary of State**

02-16-1999 90061 029 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000020391**

1. Corporation Name  
**TED'S LUNCHEONETTE, INC.**

Principal Place of Business  
 1201 CLEARWATER-LARGO ROAD  
 LARGO FL 34640

Mailing Address  
 1201 CLEARWATER-LARGO ROAD  
 LARGO FL 34640

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 03/02/1998

4. FEI Number  
 59-3496286

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

8. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
 STOUPAS, ATHINA T  
 1201 CLEARWATER-LARGO ROAD  
 LARGO FL 34640

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code  
 FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS |                                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                 |
|----------------------------|----------------------------------------------|-------------------------------------------------------|-----------------|
| TITLE                      | NAME                                         | 1.1 TITLE                                             | 1.2 NAME        |
| STOUPAS, ATHINA T          | 1201 CLEARWATER-LARGO ROAD<br>LARGO FL 34640 | 1.3 STREET ADDRESS                                    | 1.4 CITY-ST-ZIP |
| STOUPAS, GEORGE T          | 1201 CLEARWATER-LARGO ROAD<br>LARGO FL 34640 | 2.1 TITLE                                             | 2.2 NAME        |
|                            |                                              | 2.3 STREET ADDRESS                                    | 2.4 CITY-ST-ZIP |
|                            |                                              | 3.1 TITLE                                             | 3.2 NAME        |
|                            |                                              | 3.3 STREET ADDRESS                                    | 3.4 CITY-ST-ZIP |
|                            |                                              | 4.1 TITLE                                             | 4.2 NAME        |
|                            |                                              | 4.3 STREET ADDRESS                                    | 4.4 CITY-ST-ZIP |
|                            |                                              | 5.1 TITLE                                             | 5.2 NAME        |
|                            |                                              | 5.3 STREET ADDRESS                                    | 5.4 CITY-ST-ZIP |
|                            |                                              | 6.1 TITLE                                             | 6.2 NAME        |
|                            |                                              | 6.3 STREET ADDRESS                                    | 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George Stoupas*

1-27-99  
 1-23-99

CR2E034 (1/98)