

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K85656

**Entity Name:** CASUAL RESTAURANT CONCEPTS, INC.

**Current Principal Place of Business:**

1211 N WEST SHORE BLVD  
SUITE #415  
TAMPA, FL 33607-4605

**Current Mailing Address:**

1211 N WEST SHORE BLVD  
SUITE #415  
TAMPA, FL 33607-4605 US

**FEI Number:** 59-3023185

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CARSON, FRANKLIN W.  
72 MARTINIQUE  
TAMPA, FL 33606 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DPS  
Name           CARSON, FRANKLIN W.  
Address       72 MARTINIQUE  
City-State-Zip: TAMPA FL 33606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** FRANKLIN W CARSON

**PRESIDENT**

**04/06/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date