

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
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95 MAY 17 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 194924 (7)  
1. Corporation Name  
COLUMBIA RESTAURANT OF SARASOTA, INC

Principal Place of Business Mailing Address  
411 ST. ARMAND CR SARASOTA FL 34238 US  
2025 EAST 7TH AVE. TAMPA FL 33605 US

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/28/1956 3a. Date of Last Report 08/12/1994  
4. FEI Number 59-0781100 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  
SHANNON, JEFFREY C.  
501 EAST KENNEDY BLVD.  
STE 1700  
TAMPA FL 33602

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: Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**12. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	GONZMART, CASEY
STREET ADDRESS	2025 EAST 7TH AVE
CITY - ST - ZIP	TAMPA FL
TITLE	STD
NAME	GONZMART, ADELA
STREET ADDRESS	2025 EAST 7TH AVE
CITY - ST - ZIP	TAMPA FL
TITLE	PD
NAME	GONZMART, RICHARD
STREET ADDRESS	2025 EAST 7TH AVE
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	100001433601
2.3 STREET ADDRESS	-05/18/95--01086--001
2.4 CITY - ST - ZIP	***2250.00 ****233.75
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 is voluntary, truthful, and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplement or 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 secretary or treasurer or authorized agent or empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, as on an application with original filing.

SIGNATURE: \_\_\_\_\_ DATE: 5/15/95 813-249-3000  
SIGNATURE AND TYPE OR PRINTED NAME OF TRAINING OFFICER OR DIRECTOR