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

Mailing Address

8102 N DAVIS HWY PENSACOLA FL 32514

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 373777

1. Corporation Name

Principal Place of Business C/O BARNHILL'S COUNTRY BUFFET

8102 NORTH DAVIS HIGHWAY

BARNHILL'S BUFFET, INC.

| PENSACOLA FL 32514 | | | US | | | | DO NOT WRITE IN THIS SPACE | | | |
|---|---------------------|----------|---------------------|----------|--------------------|------------------|---|----------|--------------------------|--|
| | | | | | | | 3. Date Incorporated or Qualifed 12/09/1970 | | | |
| 2. Principal P | lace of Business | 2a. | Mailing Address | | • | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | | | <u>'-</u> - | 59-1321591 | - 🗔 | Not Applicable | |
| Suite, Apt. | #, etc. | 27 | Suite, Apt. #, etc. | | | - | 5. Certificate of Status Desired | T | 5 Additional Required | |
| City & State | е | 28 | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | | 00 May Be led to Fees | |
| Zip | Country | 1291 | Zip | | Country | , | 8. This corporation owes the current year Intal | naible | | |
| ⊢ ' | 25 | 29 | | 30 | • | | | Yes | □No | |
| 24 25 29 30 9. Name and Address of Current Registered Agent | | | | | | | 10. Name and Address of New Registered Agent | | | |
| 5. Hallie and Address of Content Registered Agent | | | | | 81 | Name | | | | |
| REED III, THOMAS C. | | | | | 1 | | | | <u> </u> | |
| 107 NORTH PALAFOX STREET | | | | | 82 | Street A | ddress (P.O. Box Number is Not Acceptable) | | | |
| PENSACOLA FL 32501 | | | | | | | | | | |
| PENOACOLA PL 32301 | | | | | 83 | | | | | |
| | | | | | 84 | City | | 85 2 | Zip Code | |
| | | | | | " | City | 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 | | | | | | | DATE | | | |
| Ogradica, types of principles | | | | | | nt signature rec | quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND | NIDE | CTORS IN 12 | |
| 12. | OFFICERS A | AND DIRE | | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | Char | | |
| TITUE . | P | | ☐ DELETE | 1 | .1 TITLE | | | | ige | |
| NAME | BARNHILL, CHARLES | | | 1 | 2 NAME | ļ | | | | |
| STREET ADDRESS | 8629 ROSEMONT DRIVE | | | 1 | 1.3 STREET ADDRESS | | | - | | |
| CITY-ST-ZIP | PENSACOLA FL | | | 1 | 4 CITY-5 | T-ZIP | | | | |
| TITLE | ST DELETE | | | 2 | 2.1 TITLE | | | Char | nge 🗌 Addition | |
| NAME | BARNHILL, HOPE | 2 | | 2.2 NAME | | | | | | |
| STREET ADDRESS | 8629 ROSEMONT-DRIVE | ٠ پر٠ | <u>.</u> . | 2 | .3 STREE | TADDRESS | · · | • ± | : - | |
| CITY-ST-ZIP | PENSACOLA FL | - | • | 2 | . 4 CITY- | ST-ZIP | | | | |
| TITLE | | | ☐ DELETE | | LI TITLE | | | Char | nge 🔲 Addition | |
| NAME | | | • | 3 | .2 NAME | | | | - | |

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 supplier ental 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 of 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.

3.3 STREET ADDRESS

4.3 STREET ADORESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

DELETE

SIGNATURE:

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NAME

TITLE

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STREET ADDRESS

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CITY-ST-ZIP

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Apr 09, 1999 8:00 am Secretary of State

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