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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 21 AM 8:07

DOCUMENT # 432177

(4)

1. Corporation Name

EL TACO GRANDE, INC.

Principal Place of Business

1874 N HIGHLAND AVE.
CLEARWATER FL 34615

Mailing Address

1874 N HIGHLAND AVE.
CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1973

3a. Date of Last Report

01/25/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PICKERING, RICHARD B.

301 DRUID RD. WEST

CLEARWATER FL 34616

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1365 Pinellas Rd.

83

84 City

Bellevue

FL

85 Zip

34616

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

PICKERING, RICHARD B.

NAME

301 DRUID RD. WEST

STREET ADDRESS

CLEARWATER FL

CITY, ST, ZIP

TITLE

P

PICKERING, RICHARD B.

NAME

301 DRUID RD. WEST

STREET ADDRESS

CLEARWATER FL

CITY, ST, ZIP

TITLE

S

PICKERING, MARK B.

NAME

1765 PASADENA DR

STREET ADDRESS

DUNEDIN FL

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

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

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or any planned 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 reviewer or auditor empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in original or printed attachment with this filing.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard B. Pickering

6/1/95

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