

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
CORPORATION, INCORPORATIONS

**APPROVED
AND
FILED**

95 JUL 26 AM 9: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 445728 (9)

1. Corporation Name

GREAT LAKES RESTAURANTS OF FLORIDA, INC.

Principal Place of Business

2120 N ROOSEVELT BLVD
P.O. BOX 6088
KEY WEST FL 33041-3088

Mailing Address

2120 N ROOSEVELT BLVD
P.O. BOX 6088
KEY WEST FL 33041-3088

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporation or Charter	3a. Date of Last Report
03/26/1974	05/01/1994
4. FIC Number	Applied For
59-1530863	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Tax Year (Calendar Year or Fiscal Year)	\$5.00 May Be Added to Fees
☐	
8. This corporation has liability for intangible tax under s. 190.10, Florida Statutes	
☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	25
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

MICHAEL B. WALKER
777 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

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 of Registered Agent or Registered Agent's Authorized Representative)

(Signature of Secretary or President or Other Officer or Director)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONAL REGISTERED AGENTS	
NAME	ADDRESS	NAME	ADDRESS
PD SELLERS, WILLIAM E 3800 FLAGLER AVE. KEY WEST FL		1. NAME	
AS SELLERS, SUE L. 3800 FLAGLER AVE. KEY WEST FL		2. NAME	
VD SELLERS, STEVE 2828 FOGARTY AVE KEY WEST FL		3. NAME	
		4. NAME	
		5. NAME	
		6. NAME	
		7. NAME	
		8. NAME	
		9. NAME	
		10. NAME	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.10, 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 or representative of the corporation as required by Chapter 190, Florida Statutes, and that my name appears on Block 12 or Block 13 of this document, or on an affidavit filed with this document.

SIGNATURE: *William E. Sellers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/95 305 296 8386

CR2E034 (3/95)