

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
FILED

DOCUMENT # 501830

(4)

95 MAY - 1 9:17

1. Corporation Name

BLACK ANGUS RESTAURANT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

449 N. EGLIN PARKWAY
FORT WALTON BEACH FL 32547-2827

Mailing Address

449 N. EGLIN PARKWAY
FORT WALTON BEACH FL 32547-2827

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1976

3a. Date of Last Report

04/04/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1739037

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☐ Yes ☐ No

24

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29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOFFORD, CHARLES D.
212 BEAL PKWY, NW
FT. WALTON BEACH FL

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

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

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	WOFFORD, CHARLES D.
STREET ADDRESS	212 BEAL PARKWAY, N.W.
CITY, ST, ZIP	FT. WALTON BCH. FL
TITLE	DVP
NAME	WOFFORD, MYRA LEE
STREET ADDRESS	212 BEAL PARKWAY, N.W.
CITY, ST, ZIP	FT. WALTON BCH. FL
TITLE	DS
NAME	WOFFORD, ROBERT E.
STREET ADDRESS	300 LEAH MILLER DRIVE
CITY, ST, ZIP	FT. WALTON BEACH FL
TITLE	DT
NAME	WOFFORD, JANE M.
STREET ADDRESS	300 LEAH MILLER DRIVE
CITY, ST, ZIP	FT. WALTON BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 119.07(3)(k), 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Fee