

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90068 020 \*\*\*150.00

DOCUMENT # 502807

1. Corporation Name

BUFFET ENTERPRISES, INC.

Principal Place of Business

334 VAIL DR SE  
PO BOX 9214  
WINTER HAVEN FL 33884

Mailing Address

P.O. BOX 9214  
PO BOX 9214  
WINTER HAVEN FL 33883  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1976

4. FEI Number

59-1672439

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 6750 WINTERSET GARDENS RD  
Suite, Apt. #, etc.

2a. Mailing Address

27 Suite, Apt. #, etc.

City & State

23 WINTER HAVEN FL

City & State

28 City & State

Zip

24 33884

Country

25 POLK

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BAIER, GERALD E  
6750 WINTERSET GARDENS RD  
WINTER HAVEN FL 33884

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

GERALD E. BAIER

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

(NOTE: Registered Agent signature required when reinstating)

1-5-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS BAIER, GERALD  
CITY-ST-ZIP 6750 WINTERSET GARDENS RD  
WINTER HAVEN FL

TITLE ☐ DELETE

NAME ST  
STREET ADDRESS MERRILL, TERRIE  
CITY-ST-ZIP 334 VAIL DRIVE S.E.  
WINTER HAVEN FL

TITLE ☐ DELETE

NAME VP  
STREET ADDRESS BAIER, PATRICIA T  
CITY-ST-ZIP 13 N WINTER SET DR SE  
WINTER HAVEN, FL 00000

TITLE ☐ DELETE

NAME VP  
STREET ADDRESS BAIER, STEVEN  
CITY-ST-ZIP 5004 RIVERLAKE DR.  
WINTERHAVEN FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)