

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 PM 12:28

DOCUMENT # 543893

(2)

1. Corporation Name

GULF SEAFOOD RESTAURANT, INC.

Principal Place of Business

Mailing Address

659 MERIONETH DRIVE
FT. WALTON BCH FL 32547-1756

659 MERIONETH DRIVE
FT. WALTON BCH FL 32547-1756

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/25/1977

3a. Date of Last Report

06/09/1994

4. FEI Number

59-1757934

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 109-A Racetrack Rd.
Suite, Apt. #, etc.

26 109-A Racetrack Rd.
Suite, Apt. #, etc.

22 F.W.B., FL.
City & State

27 F.W.B., FL.
City & State

23 32547
Zip

28 32547
Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

TRUBY, ALLEN G.
659 MERIONETH DRIVE
FT. WALTON BCH FL 32548

10. Name and Address of New Registered Agent

81 Name Brenda Hurley
82 Street Address (P.O. Box Number is Not Acceptable)
995-N. Denton Apt. E1
83
84 City F.W.B. FL 85 Zip Code 32547

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 except the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Brenda Hurley Pres.

1-19-95

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S
NAME	VAN DYKE, MARLINE
STREET ADDRESS	611 NELSON POINT RD
CITY-ST-ZIP	NICEVILLE FL
TITLE	PD
NAME	TRUBY, ALLEN GENE
STREET ADDRESS	659 MERIONETH DRIVE
CITY-ST-ZIP	FT WALTON BCH, FL 00000
TITLE	VD
NAME	SAWYER, TINA
STREET ADDRESS	115 ANDOVER CIR
CITY-ST-ZIP	OAKRIDGE TN
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	S.	☒ Change ☐ Addition
1.2 NAME	BASS, Margaret	
1.3 STREET ADDRESS	332 Cornl DR.	
1.4 CITY-ST-ZIP	Ft. Walton Bch, FL 32548	
2.1 TITLE	P	☒ Change ☐ Addition
2.2 NAME	HURLEY, Brenda	
2.3 STREET ADDRESS	995-N. Denton Apt. E1	
2.4 CITY-ST-ZIP	Ft. Walton Bch, FL 32547	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME	Beatty, Rodger	
3.3 STREET ADDRESS	137 N.W. Alabama Ave.	
3.4 CITY-ST-ZIP	Ft. Walton Bch, FL 32548	
4.1 TITLE	T.	☒ Change ☐ Addition
4.2 NAME	Adams, Michael	
4.3 STREET ADDRESS	721 Tuxedo, DR.	
4.4 CITY-ST-ZIP	F.W.B., FL 32547	
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 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)(b), 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:

Brenda Hurley Pres.

1-19-95

(Date)

(Signature) (Name)