

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

**APPROVED  
AND  
FILED**

**95 APR 24 AM 10:01**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 648735 (9)**

1. Corporation Name

**OUTRIGGER'S FIVE STEAK RANCH, INC.**

Principal Place of Business

**HIGHWAY 98  
P.O. BOX 756  
DESTIN FL 32540**

Mailing Address

**HIGHWAY 98  
P.O. BOX 756  
DESTIN FL 32540**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**12/17/1979**

3a. Date of Last Report  
**04/26/1994**

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

4. FEI Number

**59-1950917**

Applied For

Not Applicable

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**27**

City & State

**23**

City & State

**28**

Zip

**24**

Country

**25**

Zip

**29**

Country

**30**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

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

9. Name and Address of Current Registered Agent

**TRAMMELL, J.D.  
535 STAHLMAN AVENUE  
DESTIN FL 32541**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P**

**TRAMMELL, J.D.  
HIGHWAY 98  
DESTIN FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**ST**

**TRAMMELL, DORIS M  
HIGHWAY 98  
DESTIN FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V**

**AMES, SANDRA  
HIGHWAY 98  
DESTIN FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V**

**TRAMMELL, KARL R  
HIGHWAY 98  
DESTIN FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V**

**NEWLAND, TONA  
HIGHWAY 98  
DESTIN FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V**

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 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)(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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SANDRA AMES**

**4-18-95 (904)837-2001**

Date

Daytime Phone #