

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

3. Date Incorporated or Qualified

12/17/1979

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1950917

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

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 Secretary of State

(If the Registered Agent signature required when filing this

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME TRAMMELL, J.D.  
STREET ADDRESS HIGHWAY 98  
CITY-ST-ZIP DESTIN FL ☐ DELETE

TITLE ST  
NAME TRAMMELL, DORIS M  
STREET ADDRESS HIGHWAY 98  
CITY-ST-ZIP DESTIN FL ☒ DELETE

TITLE V  
NAME AMES, SANDRA  
STREET ADDRESS HIGHWAY 98  
CITY-ST-ZIP DESTIN FL ☐ DELETE

TITLE V  
NAME TRAMMELL, KARL R  
STREET ADDRESS HIGHWAY 98  
CITY-ST-ZIP DESTIN FL ☐ DELETE

TITLE V  
NAME NEWLAND, TONA  
STREET ADDRESS HIGHWAY 98  
CITY-ST-ZIP DESTIN FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, unchanged, or as an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

(904)837-8687

Date

Daytime Phone #

CR2E034 (12/95)