

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90096 022 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 843393
1. Entity Name SOUTHERN RESTAURANT GROUP, INC.

Principal Place of Business 1241 AIRPORT ROAD DESTIN FL 32541 US	Mailing Address P.O. BOX 99 DESTIN FL 32540 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1913351	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KRAZ, THOMAS E 1241 AIRPORT ROAD DESTIN FL 32541	7. Name and Address of New Registered Agent Name John Hammond Comer Street Address (P.O. Box Number is Not Acceptable) 1751 SCENIC HWY 98E #719 City Destin FL Zip Code 32541
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE John Hammond Comer/Vice President <i>John H. Comer</i> 1/8/02 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME COBB, HENRY, JR. STREET ADDRESS 30 CROSS CREEK PARK CITY-ST-ZIP BIRMINGHAM AL	☐ Delete	TITLE Vice president NAME John Hammond Comer STREET ADDRESS 1751 SCENIC HWY 98E CITY-ST-ZIP Destin, FL 32541	☐ Change ☒ Addition
TITLE EVP NAME KRAZ, THOMAS E STREET ADDRESS 1241 AIRPORT ROAD CITY-ST-ZIP DESTIN FL 32541	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Hammond Comer/Vice President <i>John H. Comer</i> 1/8/02 (850)837-1637 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)