

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

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morehead Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 APR 10 PM 2:21	
DOCUMENT # F28118 (0)				
1. Corporation Name KEN'S TAVERNS, INC.				
Principal Place of Business 2519 LAWRENCE DR TALLAHASSEE FL 32303		Mailing Address 2519 LAWRENCE DR TALLAHASSEE FL 32303		
DO NOT WRITE IN THIS SPACE.				
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		3. Date Incorporated or Qualified 04/01/1981 3a. Date of Last Report 02/15/1994 4. FEI Number 59-2103084 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 MYERS, DAN 402 N. OFFICE PLAZA DRIVE, SUITE #B TALLAHASSEE FL 32301		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 _____ (NOTE: Registered Agent signature required when new state(s)) _____ DATE _____				
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D NAME AYERS, KENNETH H STREET ADDRESS 2848 HASTINGS CITY-ST-ZIP TALLAHASSEE, FL 00000		1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE D NAME AYERS, KENNETH L STREET ADDRESS 2519 LAWRENCE DR CITY-ST-ZIP TALLAHASSEE, FL 00000		2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE PD NAME AYERS, JERRY W STREET ADDRESS 3200 WOODHILL DR CITY-ST-ZIP TALLAHASSEE, FL 00000		3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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)(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 if changed, or on an attachment with an address.				
SIGNATURE: Jerry W. Ayers SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/5/95 904-599-9062 (Date) (Telephone Number)		