

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:17

DOCUMENT # **F84755** (O)

1. Corporation Name

FU KING RESTAURANT, INC.

Principal Place of Business

Mailing Address

1101 FIRST ST SOUTH
LAKE CITY FL 32055

1101 FIRST ST SOUTH
LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/10/1982** 3a. Date of Last Report **02/16/1994**

4. FEI Number **59-2204888** 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 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GASKIN, SAXTON R., III
1902 DREW STREET
CLEARWATER FL 33515

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **KAM, ANNA PUN**
STREET ADDRESS **668 S CHESTNUT ST**
CITY-ST-ZIP **LAKE CITY, FL 00000**

11 TITLE ☐ Change ☐ Addition

TITLE **PD**
NAME **KAM, HUNG-LOI**
STREET ADDRESS **668 S CHESTNUT ST**
CITY-ST-ZIP **LAKE CITY, FL 00000**

12 NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13 STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

22 NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

23 STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

24 CITY-ST-ZIP

TITLE

31 TITLE ☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-ST-ZIP

34 CITY-ST-ZIP

TITLE

41 TITLE ☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE

51 TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE

61 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 CITY-ST-ZIP

TITLE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1-95 904-752-6044