## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300005867 (7)

HOOTERS OF DUVAL II, INC. Principal Place of Business Mailing Address 4106 S 3RD ST 1815 THE EXCHANGE STE. E-5110 STE. E-5110 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32250 ATLANTA GA 30339 3. Date Incorporated or Qualified 12/27/1993 2. Principal Place of Business 2a. Mailing Address Applied For 59-3214578 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 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. Lam familiar with, and accept the obligations of. Section 607,0505, Florida Statutes. Signature, typical or ponted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1 1 TITLE Change Addition AKAM, RICHARD W NAME 1.2 NAME STREET ADDRESS 1815 THE EXCHANGE 1.3 STREET ADDRESS ATLANTA GA CITY-ST-7IP 1.4 CITY-ST-ZIP DELFTE Change ■ Addition TITLE 2.1 TITLE ABBOTT, KENNETH L NAME 2.2 NAME 1815 THE EXCHANGE STREET ADDRESS 2.3 STREET ADDRESS ATLANTA GA CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DECETE Change Addition TITLE. 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. Thereby 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 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 occupration or the receiver or trustee empowered to effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or guaranteem with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Mun

122/98 770-951-2040

Change

Addition

**FILED** 

Feb 27 1998 8:00am

Secretary of State

CR2E034