

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 MAR 22 PM 1:59

TALLAHASSEE, FLORIDA

DOCUMENT # F94000001426 (5)

1. Corporation Name

SAN JOSE OF ROCHESTER, INC.

Principal Place of Business

268 FAIRPORT VILLAGE LANDING
FAIRPORT NY 14450

Mailing Address

268 FAIRPORT VILLAGE LANDING
FAIRPORT NY 14450

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

03/21/1994

4. FEI Number 10-1451723 16-1451723 Applied For
New Application

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(1)(b)
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 640-642 KREAG RD

2a. Mailing Address

2a 640-642 KREAG RD

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

23 City & State

23 PITTSFORD NY

26 City & State

26 PITTSFORD NY

24 Zip

24 14534

25 Country

25 USA

29 Zip

29 14534

30 Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 the 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 title (if any)

Signature, typed or printed name of registered agent and title (if any)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MARTIN, JAMES A
STREET ADDRESS 268 FAIRPORT VILLAGE LANDING
CITY, ST, ZIP FAIRPORT NY 14450

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 800001437748

1.3 STREET ADDRESS -03/23/95--01043--016

1.4 CITY, ST, ZIP *****200.00 *****200.00

TITLE VC
NAME KENDIG, BENTON
STREET ADDRESS ONE MT. HOPE AVENUE
CITY, ST, ZIP ROCHESTER NY 14620

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Delete

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

TITLE SD
NAME DAGRACA, GEORGE
STREET ADDRESS 268 FAIRPORT VILLAGE LANDING
CITY, ST, ZIP FAIRPORT NY 14450

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME VC + SD

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

TITLE T
NAME GORDON, STEVEN
STREET ADDRESS 120 ALLENS CREEK ROAD, SUITE 101
CITY, ST, ZIP ROCHESTER NY 14618

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

TITLE VC
NAME GRANT, MARY
STREET ADDRESS ONE MT HOPE AVENUE
CITY, ST, ZIP ROCHESTER NY 14620

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME Delete

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 equally law this corporation stated in law books, United States, Florida Statutes, I hereby 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 personally, that I am an officer or director of this corporation or that I am owner 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 of this report or on an attachment with an address.

SIGNATURE:

James A. Martin

James A. Martin

3/15/95

716-381-0570

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

DOCUMENT # F94000001447 (1)

1. Corporation Name

TEXAS ROADHOUSE OF TAMPA INC., I

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2412 TAVENER DR.
LOUISVILLE KY 40242

Mailing Address

2412 TAVENER DR.
LOUISVILLE KY 40242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/22/1994

4. FEI Number

NOT APPLICABLE

Applies For

Not Applicable

5. Composite of Status: Decayed

☐

\$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 (2)(b)
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

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Suite, Apt. #, etc.

2a. Mailing Address

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Suite, Apt. #, etc.

City & State

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City & State

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City & State

9. Name and Address of Current Registered Agent

TAYLOR, W. KENT
3930 SW ARCHER ROAD
GAINESVILLE FL 32608

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 607.1506, 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

12. OFFICERS AND DIRECTORS

TITLE	CST
NAME	TAYLOR, W. KENT
STREET ADDRESS	2412 TAVENER DR.
CITY, ST, ZIP	LOUISVILLE KY 40242
TITLE	DP
NAME	DRENNAN, BEN
STREET ADDRESS	2412 TAVENER DR.
CITY, ST, ZIP	LOUISVILLE KY 40242
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13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

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MST

14. I do hereby certify that the information supplied with this filing is voluntarily furnished, and does not qualify for the exemption stated in Sections 607.0502 and 607.1506, Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate, and that my signature shall have the same legal effect as if it were made only that I am an officer or director of the corporation or the receiver or liquidator empowered to receive the 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:

W. KENT TAYLOR (W. KENT TAYLOR)

3/13/95

502
426-9984