SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Jun 21 1996 8:00 am
Secretary of State

DOCUMENT # F95000005268 (6)

1. Corporation Name

CRABBY BILL'S RESTAURANTS, INC.

Principal Place of Business	Mailing Address
101 PHILIPPE PKWY SAFETY HARBOR FL 34695	~~PO BOX 686~~ ~~SAFETY HARBOR~~ FL 34695

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/11/1995	3a. Date of Last Report
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3330216	Applied For / Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	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	10. Name and Address of New Registered Agent
~~LADOLCE, PATRICIA M~~ ~~315 E ROBINSON ST #190~~ ~~ORLANDO FL 32801~~ BARNETT PLAZA SUITE 2800 101 KENEDY BLV TAMPA, FL 33602	81 Name: DARRELL C. SMITH 82 Street Address (P.O. Box Number is Not Acceptable): 101 KENNEDY BLVD 83 SUITE 2800 84 City: TAMPA FL 85 Zip Code: 33602

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] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE June 17, 1996

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCS	☒ DELETE	1.1 TITLE	DC	☒ Change ☐ Addition
NAME	PARKER, GERALD C		1.2 NAME	ROBERT A. GEIST	
STREET ADDRESS	315 E ROBINSON ST #190		1.3 STREET ADDRESS	101 PHILIPPE PKWY #200	
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-ST-ZIP	SAFTEY HARBOR, FL 34695	
TITLE	CEO	☒ DELETE	2.1 TITLE	D/P	☒ Change ☐ Addition
NAME	PARKER, GERALD C		2.2 NAME	DALE W. ROACH	
STREET ADDRESS	315 E ROBINSON ST #190		2.3 STREET ADDRESS	101 PHILIPPE PKWY #200	
CITY-ST-ZIP	ORLANDO FL 32801		2.4 CITY-ST-ZIP	SAFTEY HARBOR, FL 34695	
TITLE	DPT	☒ DELETE	3.1 TITLE	V/S/T	☒ Change ☐ Addition
NAME	HERN, ALEXANDER		3.2 NAME	JAMES R. HUMBOLDT	
STREET ADDRESS	315 E ROBINSON ST #190		3.3 STREET ADDRESS	101 PHILIPPE PKWY #200	
CITY-ST-ZIP	ORLANDO FL 32801		3.4 CITY-ST-ZIP	SAFTEY HARBOR, FL 34695	
TITLE	COO	☒ DELETE	4.1 TITLE	~~EA~~ V	☒ Change ☐ Addition
NAME	HERN, ALEXANDER		4.2 NAME	JAMES C. GANDY	
STREET ADDRESS	315 E ROBINSON ST #190		4.3 STREET ADDRESS	101 PHILIPPE PKWY #200	
CITY-ST-ZIP	ORLANDO FL 32801		4.4 CITY-ST-ZIP	SAFTEY HARBOR, FL 34695	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/13/96 813 725 1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — JAMES R. HUMBOLDT — Date — Daytime Phone #

CR2E034 (3/96)