

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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90027 039 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000000042**

1. Corporation Name  
**LOVETT'S BUFFET, INC.**



Principal Place of Business <b>7015 "J" ST. PENSACOLA FL 32501 US</b>	Mailing Address <b>701 S "J" ST PENSACOLA FL 32501 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>12/29/1995</b>	
Suite, Apt. #, etc. <b>22 226 PALAFOX PLACE 5TH Floor</b>		Suite, Apt. #, etc. <b>27 226 PALAFOX PLACE 5TH Floor</b>		4. FEI Number <b>62-1498097</b>	
City & State <b>23 PENSACOLA FL 32501</b>		City & State <b>28 PENSACOLA, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 32501</b>		Zip <b>29 32501</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>30</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	CFO	<input type="checkbox"/> DELETE			
NAME	MORE, MARTIN				
STREET ADDRESS	5118 PARK AVE., STE. 127				
CITY-ST-ZIP	MEMPHIS TN				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	BARNHILL, STEVE				
STREET ADDRESS	701 S. "J" ST.				
CITY-ST-ZIP	PENSACOLA FL				
TITLE	VC	<input type="checkbox"/> DELETE			
NAME	BELZ, JACK A				
STREET ADDRESS	5118 PARK AVE., STE. 127				
CITY-ST-ZIP	MEMPHIS TN				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BELZ, RONALD A				
STREET ADDRESS	5118 PARK AVE., STE. 127				
CITY-ST-ZIP	MEMPHIS TN				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BODNAR, J. MICHAEL				
STREET ADDRESS	5118 PARK AVE., STE. 127				
CITY-ST-ZIP	MEMPHIS TN				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HAKKE, JAMES D				
STREET ADDRESS	5118 PARK AVE., STE. 127				
CITY-ST-ZIP	MEMPHIS TN				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS		1701 DOCK STREET			
1.4 CITY-ST-ZIP		MEMPHIS TN 38113			
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS		226 PALAFOX PLACE 5TH FL			
2.4 CITY-ST-ZIP		PENSACOLA FL 32501			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99

Date

850-435 5514

Daytime Phone #

CR2E034 (11/98)