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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600005886 (4)

BIG O'S COUNTRY BUFFET, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

FILED Feb 28 1997 8:00am Secretary of State



PERRY FL 32347	PERRY FL 32347-6103	KWY		
			Date Incorporated or Qualified 11/12/1996	3a. Date of Last Report
2. Principal Prace of Business	WHEY Sour Mailing Address Sour	04.0	4. FEI Number	Applied For
n agyl 5 logron to	WHEY HELDY SU	ne.	59-3376923	Not Applicable
Suite, Apt. #, etc. 22	S∳ite, Apt. #, etc. 27	·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Periu, H.	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for in	
24 3034] [25] F-		30 Jayor		Yes No
	s of Current Registered Agent	81 Name	10. Name and Address of New Reg	Jistered Agent
- O'NEAL, BOBBIE J		U IVANIE		
			ddress (P.O. Box Number is Not Acceptab	le)
PERRY FL 32347		83	····	
1		53		
		84 City		FL 85 Zip Code
office or registered agent, or both, is agent. I am familiar with, and accept StGNATURE.	in the State of Florida. Such change was a at the obligations of, Section 607.0505, Flo	uthorized by the corporida Statutes. Registered Agent signature re	orporation submits this statement for the p pration's board of directors. I hereby accep	t the appointment as registered
	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE P	DELETE	1,1 TITLE		Change Addition
NAME O'NEAL, BOBBIE J		1.2 NAME		•
STREET ADDRESS 2241 S BRYON BUT	I FR PKWY	1.3 STREET ADDRESS		
CH7-S1-ZIF PERRY FL 32347	2001 () 711 Y	1.4 CITY - ST - ZIP		
701.5	DELETE	2.1 TITLE		Change Addition
NAV:		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
COY+SI+ZIP		2. 4 CITY-ST-ZIP	\mathcal{E}^{n} .	land the second
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME:		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CHY-SI-7IP	**************************************	3.4. CITY-ST-ZIP		
गार्	L] DELETE	4.1 TITLE		Change Addition
NAM:		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CHY+S1-2IP		4.4 CITY - ST - ZIP	······································	
TILE	L_J DELETE	5.1 TiTLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - SI - ZIP	I DECET	5.4 City-St-ZiP		Charas
THILE	L) OELETE	6.1 FITLE		Change Addition
NAME PROSCE ASSESSED		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
City St - Zi ^a	in supposed with this bina does not a self-	6.4 City-St-ZiP	ited in Section 119.07(3)(i), Florida Statutes	I further portify that the
information inclicated on this annual Lam an officer or director of the cor	l report or supplemental annual report is tri	ue and accurate and t ered to execute this re	hed in Section 119.07(3)(7), Florida Statutes hat my signature shall have the same legal port as required by Chapter 607, Florida S	l effect as if made under oath; that