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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:31

DOCUMENT # **G48265** **(4)**

1. Corporation Name

FUDPUCKER'S OF FORT WALTON BEACH, INC.

Principal Place of Business	Mailing Address
108 SANTA ROSA BLVD. FT. WALTON BEACH FL 32548	20001-A EMERALD COAST PKWY. DESTIN FL 32541

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/28/1983	04/28/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2318359	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

RAHMES, GORDON R. JR.
1813 JOHN SIMS PKWY.
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name: J. Jerome Miller
82 Street Address (P.O. Box Number is Not Acceptable): 415 Mountain Drive
83: Suite 3
84 City: Destin **FL** 85 Zip Code: 32541

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: J. Jerome Miller — J. Jerome Miller, Atty — 1-18-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KROEGER, CHESTER G.	12 NAME	
STREET ADDRESS	606 LAGOON DR	13 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	14 CITY-ST-ZIP	
TITLE	~~V~~	21 TITLE	(DELETE) ☒ Change ☐ Addition
NAME	~~GUIDRY, DAVID A.~~	22 NAME	
STREET ADDRESS	~~16 AZALEA DR~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~MARY ESTHER FL~~	24 CITY-ST-ZIP	
TITLE	DVST	31 TITLE	DVST ☒ Change ☐ Addition
NAME	EDWARDS, TIMOTHY M	32 NAME	EDWARDS, TIMOTHY M.
STREET ADDRESS	390 EVERGREEN CIRCLE	33 STREET ADDRESS	500 WALTON WAY
CITY-ST-ZIP	DESTIN FL	34 CITY-ST-ZIP	DESTIN, FLORIDA 32541
TITLE	~~T~~	41 TITLE	(DELETE) ☒ Change ☐ Addition
NAME	~~EDWARDS, TIMOTHY~~	42 NAME	
STREET ADDRESS	~~4915 HIGHWAY 98 E, UNIT 9~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~DESTIN FL~~	44 CITY-ST-ZIP	
TITLE		51 TITLE	V ☐ Change ☒ Addition
NAME		52 NAME	David A. Harris
STREET ADDRESS		53 STREET ADDRESS	390 Evergreen Circle
CITY-ST-ZIP		54 CITY-ST-ZIP	Destin, Florida 32541
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Timothy M. Edwards — TIMOTHY M. EDWARDS — 1/21/95 — 904-654-1544
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

0980813 CP