FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G96076 (6)

1. Corporation Name
FIDDLERS GREEN RESTAURANT, INC.

Principal Place of Business	Mailing Address
% JOHN WIERDA 2750 ANAHMA DR. V.B. ST. AUGUSTINE FL 32095-2901	% JOHN WIERDA 2750 ANAHMA DR. V.B. ST. AUGUSTINE FL 32095-2901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 04/13/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2399275 ☐ Applied For ☐ Not Applicable
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. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAYFIELD, GAYLE
36 GROVE AVE.
ST. AUGUSTINE FL 32084

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 607.1508, 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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	WEGNER, JUDY
STREET ADDRESS	13 OAK AVE. V.B.
CITY ST ZIP	ST. AUGUSTINE FL
TITLE	VD
NAME	SINGLETON, SCOTT
STREET ADDRESS	11 OAK AVE. V.B.
CITY ST ZIP	ST. AUGUSTINE FL
TITLE	SD
NAME	WIERDA, JOHN
STREET ADDRESS	13A OAK AVE. V.B.
CITY ST ZIP	ST. AUGUSTINE FL
TITLE	SD
NAME	DROUILLARD, ROCHELLE
STREET ADDRESS	11A OAK AVE. V.B.
CITY ST ZIP	ST. AUGUSTINE FL
TITLE	PD
NAME	RICHARDSON, TERRY
STREET ADDRESS	11 OAK AVE. V.B.
CITY ST ZIP	ST.AUGUSTINE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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 or attached to an attachment with an address.

SIGNATURE: [signature] Vice President 3/31/95 904 824 8897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SCOTT SINGLETON

0007300 CP