

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



STATE DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
CORPORATION

APPROVED AND FILED

65 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H24705** (6)

1. Corporation Name
ST. MARY'S SEAFOOD & STEAK HOUSE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1637 OSBORNE RD. ST. MARYS GA 31558
Mailing Address: 1637 OSBORNE RD. ST. MARYS GA 31558

3. Date incorporated or qualified 10/05/1984	3a. Date of Last Report 08/10/1994
4. FEI Number 58-1586093	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent WILLIAMS, MARGARET M. 11042 PINE ESTATES RD., E. JACKSONVILLE FL 32218		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 605.01 and 605.02, 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 the former and the Florida Statutes.

SIGNATURE: *Fowler & Maxwell CPAs* 5-4-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME DPT WILLIAMS, DAVID L, JR. 501 PALMETTO ST. ST. MARYS GA	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VSD WILLIAMS, MARGARET M. 11042 PINE ESTATES RD., E. JACKSONVILLE FL	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and deemed equally for the records as stated in Section 199.032, 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 605, Florida Statutes, and that my name appears in Block 12 of this report as an attachment with an address.

SIGNATURE: *David L. Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-95 (912) 882-6875