

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 19 AM 11:02

DOCUMENT # J30139 (6)
1. Corporation Name
STACEY'S BUFFET, INC.

Principal Place of Business Mailing Address
801 W. BAY DR #704 LARGO FL 34640 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/22/1986** 3a. Date of Last Report **02/10/1994**

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

4. FEI Number **59-2736736** 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
**WAGGONER, DENNIS
HILL, WARD & HENDERSON
101 EAST KENNEDY BLVD #3700
TAMPA FL 33602**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CCEO
NAME	DUFF, HOMER
STREET ADDRESS	801 W. BAY DR., #704
CITY - ST - ZIP	LARGO FL
TITLE	VC
NAME	STERSON, ROBERT J.
STREET ADDRESS	35207 U.S. HWY 19 NO.
CITY - ST - ZIP	PALM HARBOR FL
TITLE	DP
NAME	MONEY, AMOS
STREET ADDRESS	801 W. BAY DR., #704
CITY - ST - ZIP	LARGO FL
TITLE	DVP
NAME	MONEY, SONJA
STREET ADDRESS	801 W. BAY DR., #704
CITY - ST - ZIP	LARGO FL
TITLE	CFO
NAME	SPANG, LESLIE A
STREET ADDRESS	801 W. BAY DR., #704
CITY - ST - ZIP	LARGO FL
TITLE	DS
NAME	MARRIER, STEPHEN J.
STREET ADDRESS	35207 U.S. HWY 19 NO.
CITY - ST - ZIP	PALM HARBOR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D Scott W. Ryan
2.3 STREET ADDRESS	111 Presidential Blvd #246
2.4 CITY - ST - ZIP	Bala Cynwyd, PA 19004
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D CFO
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Fred Hubbell
6.3 STREET ADDRESS	2 N. Broadway
6.4 CITY - ST - ZIP	Lebanon, OH 45036

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)(a), 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: Leslie A. Spang Leslie A. Spang 1/10/95 813-581-4472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #