

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **08/22/1986**
3a. Date of Last Report: **01/19/1995**
4. FEI Number: **59-2736736**
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

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

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: **Maureen Jack**
82 Street Address (P.O. Box Number is Not Acceptable): **Stacey's Buffet, Inc.**
83 **801 West Bay Dr., #704**
84 City: **Largo** FL 85 Zip Code: **34640**

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: *Maureen Jack* **Maureen Jack** 6/17/96
Signature of officer or principal place of business agent and state if applicable. (NOTE: Registered Agent signature required when resulting.) DATE

12. OFFICERS AND DIRECTORS	
TITLE	CCEO <input checked="" type="checkbox"/> DELETE
NAME	DUFF, HOMER
STREET ADDRESS	801 W. BAY DR., #704
CITY-ST-ZIP	LARGO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RYAN, SCOTT W
STREET ADDRESS	111 PRESIDENT BLVD #246
CITY-ST-ZIP	BA: A CYNWYD PA
TITLE	DP <input type="checkbox"/> DELETE
NAME	MONEY, AMOS
STREET ADDRESS	801 W. BAY DR., #704
CITY-ST-ZIP	LARGO FL
TITLE	DVP <input checked="" type="checkbox"/> DELETE
NAME	MONEY, SONJA
STREET ADDRESS	801 W. BAY DR., #704
CITY-ST-ZIP	LARGO FL
TITLE	DCFO <input checked="" type="checkbox"/> DELETE
NAME	SPANG, LESLIE A
STREET ADDRESS	801 W. BAY DR., #704
CITY-ST-ZIP	LARGO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HUBBELL, FRED
STREET ADDRESS	2 N BROADWAY
CITY-ST-ZIP	LEBANON OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CCEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marriner, Stephen J.
1.3 STREET ADDRESS	801 West Bay Dr., #704
1.4 CITY-ST-ZIP	Largo, FL 34640
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hunter, Garrett B.
2.3 STREET ADDRESS	40 Westminster St., #702
2.4 CITY-ST-ZIP	Providence, RI 02903
3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Money, Amos
3.3 STREET ADDRESS	801 West Bay Dr., #704
3.4 CITY-ST-ZIP	Largo, FL 34640
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robenalt, John F.
4.3 STREET ADDRESS	2440 Tamiami Trail N., P.O. Box 1608
4.4 CITY-ST-ZIP	Nokomis, FL 34275
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hurley, Peter
5.3 STREET ADDRESS	1 Turks Head Place
5.4 CITY-ST-ZIP	Providence, RI 02903
6.1 TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sullivan, Daniel J.
6.3 STREET ADDRESS	801 West Bay Dr., #704
6.4 CITY-ST-ZIP	Largo, FL 34640

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 19.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maureen Jack* **Maureen Jack** Corporate Secretary 6/17/96 813-581-4492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (3/96)