

**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 agent or principal name of registered agent and state if applicable. (NOTE: Registered Agent signature required when resulting.) DATE

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

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

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)