

**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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, and Zip/Country.

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

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 person in charge of registered agent and state if applicable. (NOTE: Registered Agent signature required when resulting from change of agent.) 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

11 TITLE	CCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Marriner, Stephen J.	
13 STREET ADDRESS	801 West Bay Dr., #704	
14 CITY-ST-ZIP	Largo, FL 34640	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Hunter, Garrett B.	
23 STREET ADDRESS	40 Westminster St., #702	
24 CITY-ST-ZIP	Providence, RI 02903	
31 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Money, Amos	
33 STREET ADDRESS	801 West Bay Dr., #704	
34 CITY-ST-ZIP	Largo, FL 34640	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Robenalt, John F.	
43 STREET ADDRESS	2440 Tamiami Trail N., P.O. Box 1608	
44 CITY-ST-ZIP	Nokomis, FL 34275	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Hurley, Peter	
53 STREET ADDRESS	1 Turks Head Place	
54 CITY-ST-ZIP	Providence, RI 02903	
61 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Sullivan, Daniel J.	
63 STREET ADDRESS	801 West Bay Dr., #704	
64 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* Corporate Secretary 6/17/96 813-581-4492  
Maureen Jack

CRE034 (3/96)