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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33770-3266
US

3. Date Incorporated or Qualified
08/22/1986

3a. Date of Last Report
07/02/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

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

JACK, MAUREEN
STACEY'S BUFFET, INC.
801 WEST BAY DR., #704
LARGO FL 34640

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CCEO ☐ DELETE
NAME MARRIER, STEPHEN J.
STREET ADDRESS 801 WEST BAY DR., #704
CITY - ST - ZIP LARGO FL

TITLE D ☐ DELETE
NAME HUNTER, GARRETT B.
STREET ADDRESS 40 WESTMINSTER ST., #702
CITY - ST - ZIP PROVIDENCE RI

TITLE P ☐ DELETE
NAME MONEY, AMOS
STREET ADDRESS 801 WEST BAY DR., #704
CITY - ST - ZIP LARGO FL

TITLE D ☐ DELETE
NAME ROSENALT, JOHN F.
STREET ADDRESS 2440 TAMIAH TRAIL N., PO BOX 1608
CITY - ST - ZIP NOKOMIS FL

TITLE D ☐ DELETE
NAME HURLEY, PETER
STREET ADDRESS 1 TURKS HEAD PLACE
CITY - ST - ZIP PROVIDENCE RI

TITLE CFO ☐ DELETE
NAME SULLIVAN, DANIEL J.
STREET ADDRESS 801 WEST BAY DR., #704
CITY - ST - ZIP LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME RYAN, SCOTT
1.3 STREET ADDRESS 111 PRESIDENTIAL BLVD. #246
1.4 CITY - ST - ZIP BALA CYNWYD, PA 19004

2.1 TITLE S ☐ Change ☒ Addition
2.2 NAME JACK, MAUREEN
2.3 STREET ADDRESS 801 WEST BAY DR., #704
2.4 CITY - ST - ZIP LARGO, FL 34640

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Maureen Jack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-97
Date

813-581-4492
Daytime Phone #

CR2E034 (9/96)