

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

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1996 MAY -1 PM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J45894 (9)**  
1. Corporation Name  
**BUFFALO'S ORIGINAL WINGS & RINGS II OF TALLAHASSEE, INC.**

Principal Place of Business <b>1904 W PENSACOLA ST TALLAHASSEE FL 32304</b>	Mailing Address <b>PO BOX 966 TALLAHASSEE FL 32302</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/08/1986</b>		3a. Date of Last Report <b>05/01/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2747050</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25	Country	30	Country				

9. Name and Address of Current Registered Agent

**JACKSON, EDDIE  
320 E TENNESSEE ST  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) <b>1355 Market St.</b>
83	
84	City <b>Tallahassee</b>
85	Zip Code <b>32312</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

*Eddie Jackson*  
Signature, typed or printed name of registered agent and the name of the corporation (if not the registered agent, signature required when re-appointing)

**4-23-96**  
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, P. DONALD	1.2 NAME	
STREET ADDRESS	1904 WEST PENSACOLA ST.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE FL	1.4 CITY-STATE-ZIP	
TITLE	VSTD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JAMES E.	2.2 NAME	
STREET ADDRESS	8752 THOMAS DRIVE	2.3 STREET ADDRESS	<b>1355 Market St.</b>
CITY-STATE-ZIP	PANAMA CITY BEACH FL	2.4 CITY-STATE-ZIP	<b>Tallahassee, FL 32312</b>
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZAR, NORMAN	3.2 NAME	
STREET ADDRESS	905 E FAIRVIEW	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MONTGOMERY AL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

100001804581

05/02/96 01030-012  
\*\*\*\*200.00 \*\*\*\*200.00

*keep file*

SIGNATURE:

*Eddie Jackson*  
SIGNATURE (Typed or Printed Name of Signing Officer or Director)

**4-22-96**

Date

**904 224 9959**

Daytime Phone

CR2E034 (12/95)