FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K09924** **(7)**

1. Corporation Name
ERICKSON FAMILY RESTAURANTS, INC.

Principal Place of Business
1551 DEL PRADO BLVD
CAPE CORAL FL 33990
US

Mailing Address
1860 BOYSCOUT DR.
SUITE 201
FT. MYERS FL 33907

3. Date Incorporated or Qualified **01/01/1988**
3a. Date of Last Report **03/20/1995**

21 2. Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

26 2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number **65-0019238** ☐ 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

ERICKSON, WILLIAM D.
1860 BOYSCOUT DR.
FT. MYERS FL 33907

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 607.1505, 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 _____ DATE _____
(Signature, Typed or Printed Name of Individual Signing) (New Registered Agent signature, if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	**DSP** ☐ DELETE	1 TITLE	☐ Change ☐ Addition
1 NAME	**ERICKSON, WILLIAM D.**	1 NAME	
1 STREET ADDRESS	**1860 BOYSCOUT DR.**	1 STREET ADDRESS	
1 CITY-ST-ZIP	**FT. MYERS FL**	1 CITY-ST-ZIP	
2 TITLE	**DV** ☐ DELETE	2 TITLE	☐ Change ☐ Addition
2 NAME	**ERICKSON, DONALD**	2 NAME	
2 STREET ADDRESS	**1860 BOY SCOUT DR #201**	2 STREET ADDRESS	
2 CITY-ST-ZIP	**FT MYERS FL**	2 CITY-ST-ZIP	
3 TITLE	**T** ☐ DELETE	3 TITLE	☐ Change ☐ Addition
3 NAME	**ERICKSON, WILLIAM, D**	3 NAME	
3 STREET ADDRESS	**1860 BOY SCOUT DR**	3 STREET ADDRESS	
3 CITY-ST-ZIP	**FT MYERS FL**	3 CITY-ST-ZIP	
4 TITLE	☐ DELETE	4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY-ST-ZIP		4 CITY-ST-ZIP	
5 TITLE	☐ DELETE	5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TITLE	☐ DELETE	6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)