

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 # K47730 (2)

1. Corporation Name

AMELIA'S RESTAURANT, INC.



Principal Place of Business

Mailing Address

% BRYAN SIMPSON, JR.
1061 RIVERSIDE AVE., 2ND FLOOR
JACKSONVILLE FL 32204-4133

% BRYAN SIMPSON, JR.
1061 RIVERSIDE AVE., 2ND FLOOR
JACKSONVILLE FL 32204-4133

3. Date Incorporated or Qualified

11/21/1988

3a. Date of Last Report

08/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMPSON, BRYAN JR.
1061 RIVERSIDE AVENUE
2ND FLOOR
JACKSONVILLE FL FL 32204

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 of Registered Agent (Required when Agent is not the corporation)

Signature of Registered Agent (Required when Agent is not the corporation)

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME
D SIMPSON, BRYAN JR
STREET ADDRESS
1061 RIVERSIDE AVENUE
CITY-ST-ZIP
JACKSONVILLE FL

2. TITLE ☐ DELETE

NAME
D SURFACE, J. FRANK
STREET ADDRESS
50 N. LAURA ST., SUITE 2800
CITY-ST-ZIP
JACKSONVILLE FL

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, in an attachment with an address.

SIGNATURE:

Bryan Simpson, Jr. BRYAN SIMPSON, JR.

6/26/96

904-354-8104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)