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**May 02 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 # L08914 (8)
1. Corporation Name
WHEELHOUSE RESTAURANT, INC.



Principal Place of Business: **HWY C-30A SEAGROVE BEACH FL 32459**
Mailing Address: **HWY C-30A SEAGROVE BEACH FL 32459**

3. Date Incorporated or Qualified: **08/11/1989** 3a. Date of Last Report: **04/24/1996**
4. FEI Number: **59-2972097** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21, 22, 23, 24: Suite, Apt. #, etc.; City & State; Zip; Country
26, 27, 28, 29, 30: Suite, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent
**SMITH, JOEL D
HWY C-30A
SEAGROVE BEACH FL 32459**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: DELETE
NAME: **SMITH, JOEL D**
STREET ADDRESS: **P.O. BOX 828 WA**
CITY-ST-ZIP: **FREEPORT FL**
NAME: **SMITH, JAYNE A**
STREET ADDRESS: **P.O. BOX 833 WA**
CITY-ST-ZIP: **FREEPORT FL**
NAME: **SMITH, GREGGORY T**
STREET ADDRESS: **P.O. BOX 323 WA**
CITY-ST-ZIP: **FREEPORT FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME
1.3 STREET ADDRESS: **133 DICK SALTSMAN RD.**
1.4 CITY-ST-ZIP: **SANTA ROSA BCH, FL 32459**
2.1 TITLE: Change Addition
2.2 NAME
2.3 STREET ADDRESS: **133 DICK SALTSMAN RD**
2.4 CITY-ST-ZIP: **SANTA ROSA BCH, FL 32459**
3.1 TITLE: Change Addition
3.2 NAME
3.3 STREET ADDRESS: **P.O. BOX 4936**
3.4 CITY-ST-ZIP: **SANTA ROSA BCH, FL 32459**
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: **JAYNE A. SMITH** Date: **4/28/97** Daytime Phone #: **231-5760**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)