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 # **L14805** **(0)**

1. Corporation Name

GRANNY'S RESTAURANT, INC.

Principal Place of Business	Mailing Address
2825 S US 1 FT PIERCE FL 34982 US	2825 S US 1 FT PIERCE FL 34982 US

2. Principal Place of Business	2a. Mailing Address
21 2729 S US 1	26 2729 S US 1
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: FT PIERCE FL.	28 City & State: FT PIERCE FL.
24 Zip: 34982 25 Country: ST LUCIE	29 Zip: 34982 30 Country: ST LUCIE

3. Date Incorporated or Qualified: 09/11/1989

3a. Date of Last Report: 01/30/1995

4. FEI Number: 59-2966645 ☐ 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

POSTER, RICHARD
405 NW CONCORD
PORT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name: ARTHUR L. Bailey III
82 Street Address (P.O. Box Number is Not Acceptable): 510 S.E. Felix Ave.
83
84 City: Port St Lucie FL 85 Zip Code: 34984

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: [signature] DATE: 2/29/96

12. OFFICERS AND DIRECTORS		
TITLE	PD	☒ DELETE
NAME	POSTER, RICHARD	
STREET ADDRESS	405 NW CONCORD	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	STD	☒ DELETE
NAME	POSTER, BARBARA	
STREET ADDRESS	405 NW CONCORD	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	D	☒ DELETE
NAME	POSTER, DON	
STREET ADDRESS	405 NW CONCORD	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PRESIDENT, D	☐ Change ☒ Addition
12 NAME	ARTHUR L BAILEY III	
13 STREET ADDRESS	510 SE. Felix Ave.	
14 CITY-ST-ZIP	Port St Lucie Fla 34984	
21 TITLE	VP D	☐ Change ☒ Addition
22 NAME	James O Bender SR.	
23 STREET ADDRESS	2930 Sherwood Lane	
24 CITY-ST-ZIP	Ft Pierce Fla 34982	
31 TITLE	STD	☐ Change ☒ Addition
32 NAME	Lisa Bailey	
33 STREET ADDRESS	510 SE Felix Ave	
34 CITY-ST-ZIP	Port St Lucie Fla 34984	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, complete and 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: [signature] RICHARD POSTER x 2-28-96 407-464-2710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number