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PROFIT CORPORATION ANNUAL REPORT

1997

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ELORIDA DEPARTMENT OF STATE

FILED

Mar 04 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L22156

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CASSELBERRY RESTAURANTS, INC.

Principal Place of Business Mailing Address 403 E. STRAWBRIDGE AVE. 403 E. STRAWBRIDGE AVE. MELBOURNE FL 32901-4558 MELBOURNE FL 32901-4558 3. Date Incorporated or Qualified 3a. Date of Last Report 10/11/1989 04/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2984416 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WHITE, JAMES C., II 1002 S. RIVERSIDE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) INDIALANTIC FL 32903 83 84 City 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, typed or printed name of regis cost agent and title if applicable .. (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition 100 WHITE, JAMES C III 1.2 NAME MAME 403 E. STRAWBRIDGE AVE. 1.3 STREET ADDRESS STEEL LADURESS MELBOURNE FL 1.4 CITY - ST - ZIP COTY - ST--ZIP SD DELETE ☐ Change Addition TITLE 2.1 TITLE WHITE, DAVID F. NAM 2.2 NAME 403 E. STRAWBRIDGE AVE. 2.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 2.4 CITY-ST-ZIP CITY - ST- 2IP DELETE ☐ Change Addition TITLE 3.1 TITLE BLACKMAN, MIKE NAME 32 NAME 403 E. STRAWBRIDGE AVE. STREET ADORESS **3.3 STREET ADDRESS** MELBOURNE FL 3 4. CITY-ST-ZIP CHY-ST-ZIP Addition DELETE 4.1 TITLE Change HILE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY+ST-ZIP CITY - \$1 - ZIP DELETE Change Addition THE 51 TITLE NAME 5.2 NAME **53 STREET ADDRESS** STREET ADDRESS 54 CHY-ST-ZIP CITY - \$1--ZIE DELETE ☐ Addition Change TITLE 61 TITLE 62 NAME NAME **63 STREET ADDRESS** STREET ADORESS 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing foes 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 supplymental arrhual 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 of information indicated on this annual report of Lam an officer or director of the corporation appears in Block 12 or Block 13 if changed, of

ent with an address