PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # L22156

1. Corporation Name

CASSELBERRY RESTAURANTS, INC.

Country

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

403 E. STRAWBRIDGE AVE. MELBOURNE FL 32901-4558

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

403 E. STRAWBRIDGE AVE. MELBOURNE FL 32901-4558

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90132 009 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10/11/1989

59-2984416

4. FEI Number

24	25	[29]		30			Personal Frop	erty rax.				3140
	9. Name and	Address of Current Regist	ered Agent		<u> </u>		10. Name and Ad	dress of New Re	gistered A	gent		
WHITE, JAMES C., II 1002 S. RIVERSIDE DRIVE INDIALANTIC FL 32903					81	Name						
					82	Stroot Ad	dress (P.O. Boy Numb	er is Not Accentah	(a)			
					62	2 Street Address (P.O. Box Number is Not Acceptable)						
					83			-				
												
					84	City			FL	85	Zip Co	de
11. Pursuant	to the provisions of	of Sections 607.0502 and 60	7.1508 Florida S	tatutes, the a	bove	named col	rporation submits this s	tatement for the pu		hangin	a its re	aistered
office or re	egistered agent, o	or both, in the State of Florida ad accept the obligations of,	i. Such change w	as authorize	d by t	he corpora	tion's board of director	s. I hereby accept	the appoin	tment a	s regis	stered
SIGNATURE												
	Signature, typed or print	ed name of registered agent and title if	• • • • • • • • • • • • • • • • • • • •		i Agent	signature requi	red when reinstating)		DATE			
12.		OFFICERS AND DIREC	******	13.			ADDITIONS/CH	IANGES TO OFFI	CERS AND			
TITLE	PD		☐ DELET	Ē 1.1 T	TLE					Cha	nge	☐ Addition
NAME	WHITE, JAME			1.2 N	AME	Į.						
STREET ADDRESS	DRESS 403 E. STRAWBRIDGE AVE.			1.3 S	TREET	ADDRESS						
CITY-ST-ZIP	MELBOURNE FL				ITY-ST-	ZiP						
TITLE	SD	SD □ DELETE		€ 2.1 ΤΙ	TLE					☐ Chai	nge	☐ Addition
NAME	WHITE, DAVID) F.		22 N	AME							
STREET ADDRESS	403 E. STRAV	VBRIDGE AVE.		2.3 S	TREET	ODRESS						
CITY-ST-ZIP	MELBOURNE	FL		2.40	TZ-YTK	-ZIP		-				
TITLE	D		☐ DELET	3.1 Ti	TLE	-				Chai	nge	Addition
NAME	BLACKMAN, N	AIKE		3.2 N	AME							
STREET ADDRESS	403 E. STRAV			335	TREET	NODRESS						
CITY-ST-ZIP	MELBOURNE				ITY-ST							
TILE			☐ DELETI							Char	nge	Addition
NAME				4.21	IAME					_	-	
STREET ADDRESS						NODRESS						
CITY-ST-ZIP					ITY-ST-							
TITLE			☐ DELETI							☐ Char	nge	Addition
NAME				5.2 N							-	
STREET ADDRESS				5.3 S	TREET #	DDRESS						
CITY-ST-ZIP					ITY-ST-							
TITLE			☐ DELET							Char	nae	Addition
NAME				6.2 N	AME					L., 0., d.	·3"	
						DORESS						
STREET ADDRESS						ł						
CITY-ST-ZIP	1. 1. 1.	mation supplied with this filir			TY-\$T-	1.						

Country

4. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 9 467-952-6457 Daytime Phone #