


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

04-22-1999 90132 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L22156					
1. Corporation Name CASSELBERRY RESTAURANTS, INC.					
Principal Place of Business 403 E. STRAWBRIDGE AVE. MELBOURNE FL 32901-4558			Mailing Address 403 E. STRAWBRIDGE AVE. MELBOURNE FL 32901-4558		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/11/1989	
21		26		4. FEI Number 59-2984416	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		25			
9. Name and Address of Current Registered Agent WHITE, JAMES C., II 1002 S. RIVERSIDE DRIVE INDIALANTIC FL 32903				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	PD	<input type="checkbox"/> DELETE			
NAME	WHITE, JAMES C III				
STREET ADDRESS	403 E. STRAWBRIDGE AVE.				
CITY-ST-ZIP	MELBOURNE FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	WHITE, DAVID F.				
STREET ADDRESS	403 E. STRAWBRIDGE AVE.				
CITY-ST-ZIP	MELBOURNE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BLACKMAN, MIKE				
STREET ADDRESS	403 E. STRAWBRIDGE AVE.				
CITY-ST-ZIP	MELBOURNE FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 407-952-6457
Date Daytime Phone #