FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001547932
-07/27/95--01075--005
****200.00 ****200.00

DOCUMENT # L27186

1. Corporate Name
SUNSTATE RESTAURANT MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1777 ST. PAULS DRIVE CLEARWATER, FL 34624	1777 ST. PAULS DRIVE CLEARWATER, FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/89
3a. Date of Last Report: 07/28/94

2. Principal Place of Business — 21 / Suite, Apt. #, etc. — 22 / City & State — 23 / Zip — 24 / County — 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. — 27 / City & State — 28 / Zip — 29 / County — 30

4. FEI Number: 59-2975049 ☐ 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

~~SAUEY, JEFFREY L.~~
~~16120 U.S. HWY. 19 NORTH~~
~~SUITE 210~~
~~CLEARWATER, FL 34624~~

10. Name and Address of New Registered Agent

81 Name: Roger A. Larson
82 Street Address (P.O. Box Number is Not Acceptable): 911 Chestnut Street
83
84 City: Clearwater FL 85 Zip Code: 34616

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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 3/29/95
(If changing Registered Agent, Registered Agent must sign above.) (If changing Registered Office address, but not Registered Agent, any officer may sign above.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
01 Title	D	01 Title	☐ Change ☐ Addition
02 Name	JOY, RONALD CRAIG	02 Name	
03 Street Address	1777 ST. PAULS DRIVE	03 Street Address	
04 City, St, Zip	CLEARWATER, FL 34624	04 City, St, Zip	
05 Title		05 Title	☐ Change ☐ Addition
06 Name		06 Name	
07 Street Address		07 Street Address	
08 City, St, Zip		08 City, St, Zip	
09 Title		09 Title	☐ Change ☐ Addition
10 Name		10 Name	
11 Street Address		11 Street Address	
12 City, St, Zip		12 City, St, Zip	
13 Title		13 Title	☐ Change ☐ Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City, St, Zip		16 City, St, Zip	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	**REMITTED BY MAY 1**
20 City, St, Zip		20 City, St, Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	~~5/1/95~~ MST
24 City, St, Zip		24 City, St, Zip	

14. To the best of my knowledge, the information supplied with this filing is true and accurate and that my signature shall bear 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 added to the report.

SIGNATURE: [signature] 3/20/95 443-4464
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)

R. CRAIG JOY

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 21 PM 3:08

DOCUMENT # L20820

1. Corporation Name

FLORIDA PRIVATE SERVICE INC.

600001545806
-07/25/95--01102--011
****233.75 ****233.75
DO NOT WRITE IN THIS SPACE

Principal Place of Business
11852 SW 187 TERR.
MIAMI FL 33177

Mailing Address

3. Date Incorporated or Qualified: 6-5-12
3a. Date of Last Report: 5-5-14

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip
29
Country
30

4. FEI Number: 65-0361945 ☐ 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

LINTON GARRETT
11852 SW 187 TERR.
MIAMI FL 33177

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: LINTON GARRETT 7-11-15
Signature, typed or printed name of registered agent, and title if applicable — (NOTE: Registered Agent signature required when reinstating) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRESIDENT LINTON C. BARRETT 11852 SW 187 TERR MIAMI FL 33177	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	COMPLETE INFORMATION	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T VIOLET BARRETT 11852 SW 187 TERR MIAMI FL 33177	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	COMPLETE INFORMATION	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	PRESIDENT MICHELLE L. TAYLOR 11852 SW 187 TERR MIAMI FL 33177	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

14. I (We hereby) certify that the information supplied with this filing is voluntarily furnished 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 added by an attachment with an address.

SIGNATURE: LINTON GARRETT 7-11-15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #