

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Matham
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUL 25 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Corporation Name

DOLPHIN DRIVE_THRU

L35763

Principal Place of Business

Mailing Address

1031 Bay Esplanade Av.
Clearwater, Fl., 34630

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~Tom Allen~~
~~1031 Bay Esplanade~~
~~Clearwater, FL 34630~~
~~1031 Bay Esplanade~~
~~Clearwater, FL 34630~~
~~1031 Bay Esplanade~~
~~Clearwater, FL 34630~~

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	William Boyd Cook
STREET ADDRESS	1031 Bay Esplanade
CITY ST ZIP	Clearwater, FL 34630
TITLE	V.P.
NAME	Dr. M. M. Cook
STREET ADDRESS	1031 Bay Esplanade
CITY ST ZIP	Clearwater, FL 34630
TITLE	Sec. Treas.
NAME	Dr. M. M. Cook
STREET ADDRESS	1031 Bay Esplanade
CITY ST ZIP	Clearwater, FL 34630
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
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	

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***225.00 ***225.00

7/25/95
MST

14. I do 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)(b), 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:

Dr. Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (typed or printed name of registered agent and title if applicable)