

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

95 JUL 26 AM 9: 59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**PROFIT
CORPORATION
ANNUAL REPORT**



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

1995

DOCUMENT # L50535 (8)

1. Corporation Name

GREAT LAKES RESTAURANTS OF KEY WEST, INC.

Physical Place of Business

**P O BOX 6088
KEY WEST FL 33041**

Mailing Address

**P O BOX 6088
KEY WEST FL 33041**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0182605

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

**6. Election Corporate Form (e.g.,
S-Corp, Partnership)**

☐

**\$5.00 May Be
Added to Fees**

**6. Does corporation have liability for obligations due under 1995
Florida Statutes?** ☐ Yes ☒ No

2. Principal Place of Business

State, Apt. #, etc.

City & State

2a. Mailing Address

State, Apt. #, etc.

City & State

9. Name and Address of Current Registered Agent

**MICHAEL B. WALKER
777 BRICKELL AVE.
SUITE 900
MIAMI 33131**

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 607.01(2) and 607.15(8), 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 607.01(2), Florida Statutes.

SIGNATURE

(Signature of Agent or Officer of Corporation)

(Signature of Agent or Officer of Corporation)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL INFORMATION (e.g., Change, Addition)

NAME	D	SELLERS, WILLIAM
STREET ADDRESS		2120 N ROOSEVELT BLVD.
CITY		KEY WEST FL
NAME	D	SELLERS, STEVE
STREET ADDRESS		2120 N ROOSEVELT BLVD.
CITY		KEY WEST FL
NAME	D	SELLERS, SUE
STREET ADDRESS		2120 N ROOSEVELT BLVD.
CITY		KEY WEST FL
NAME		
STREET ADDRESS		
CITY		
NAME		
STREET ADDRESS		
CITY		

1. NAME	
2. STREET ADDRESS	
3. CITY	
4. NAME	
5. STREET ADDRESS	
6. CITY	
7. NAME	
8. STREET ADDRESS	
9. CITY	
10. NAME	
11. STREET ADDRESS	
12. CITY	

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****225.00 ****225.00**

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.01(2), Florida Statutes. I further certify that this information is included in the annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 1 of the Uniform Certificate of Incorporation or on an attachment with an address.

SIGNATURE: William D. Sellers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/95

305 296 8386