

**CORPORATION
ANNUAL REPORT**

1995



Robert B. Marston
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L53375 (6)

1. Corporation Name

OCHLOCKONEE BANKS RESTAURANT INC.

Principal Place of Business

**RD-BOXE 9330 W
GREENSBORO FL 32330**

Mailing Address

**RT. 3 BOX 432
HAVANA FL 32333
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/27/1990

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21 9330 W. Tenn St

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27 City & State

City & State

23 Tallahassee

City & State

28

Zip

24 32304

Country

25 Leon

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**SMITH, GEORGE L.
CORNER OF GREEN AVE. AND 11TH ST.
GREENSBORO FL 32330**

10. Name and Address of Now Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9330 W. Tenn St

83

84 City

Tallahassee

FL

85 Zip Code

32304

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

Ann H Smith

7-31-95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SMITH, GEORGE L.
STREET ADDRESS	RT. 3 BOX 432
CITY - ST - ZIP	HAVANA FL
TITLE	DST
NAME	SMITH, ANN H.
STREET ADDRESS	RT. 3 BOX 432
CITY - ST - ZIP	HAVANA FL
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

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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:

Ann H Smith

7-31-95

575-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number