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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

FILED May 11 1998 8:00am Secretary of State

ALL AMERICAN DINER, INC. Mailing Address Principal Place of Business C/O CHARLES 8. ISLER III 434 MAGNOLIA AVENUE C/O CHARLES S. ISLER III 434 MAGNOLIA AVENUE DO NOT WRITE IN THIS SPACE PANAMA CITY FL 32401-3127 PANAMA CITY FL 32401-3127 3. Date Incorporated or Qualified 04/10/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 59-2920474 Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ISLER, CHARLES S. III 434 MAGNOLIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 83 84 City 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, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition 1.1 TITLE TITLE POWER, RALPH NAME 1.2 NAME 809 LAKE Powel Dr 238 EAGLE DRIVE 1.3 STREET ADDRESS STREET ADDRESS PANAMA OITY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition 2.1 TITLE Change TITLE NAME 200 EAGLE DRIVE 809 LAKE POWELL Dr. 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change 3.1 TITLE TITLE Charles Arentz Dr. 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing 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 supplementation and 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 conjugation 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 attachmient with an address.

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