FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra R. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS 66226 (6)**DOCUMENT #** OLD ROOSTER RESTAURANT & BAR, INC. Principal Place of Business Mailing Address 12661 PHILLIPS HWY 12661 PHILLIPS HWY JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 or Qualified 3a. Date of Last Re 04/16/1990 05/01/1995 2. Principal Place of Business 2a. Mailing Address Applied For 59-3011133 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 []28 Trust Fund Contribution Added to Fees Zip Z(p)Country 8. This corporation has liability for intangible tax under sil 199.032, 24 25 29 30 Florida Statutes Yes XNo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DUSS, JOHN S. IV 82 Street Address (P.O. Box Number is Not Acceptable) 200 W FORSYTH ST **SUITE 1600** 83 JACKSONVILLE FL 32202 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. Larm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Skyrature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DECETE THILE 1 1 ULE Change 🙀 Addition DARLINGTON, KAREN NAME DENISE RAY 1.2 NAME CR2E034 12661 PHISSIPS HWY STREET ADDRESS 12661 PHILLIPS HWY 13 STREET ADDRESS JACKSONVILLE FL 0117-51-70 1.4 C/TY - \$1 - 2/P JACKSON VILLE, FL TiTLE [] DELETE 2 1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-ST-ZIF 2.4 CITY - ST - ZIP TOLE DECE TE 3 1 TiTuE ☐ Change Add-tion NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 3.4 C(TY - ST - Z)P TITLE DELETE 4 1 Till E Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST. ZIP THUE DELETE 5.11HitE Change Add tion 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST ZIP 5.4 C+TY + \$1 - ZiP THLE DELET! € 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CHTY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(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 lof the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 13

with an address

(12/95)