FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 19 AM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L69062 (2)

1. Corporation Name

THE DOWNTOWNER RESTAURANT OF AUBURNDALE, INC.

Principal Place of Business	Mailing Address
~~1170 N. LAKE ELOISE DRIVE~~ ~~N. ROBERT C. SIMMONS~~ ~~WINTER HAVEN FL 33884~~	~~1170 N. LAKE ELOISE DRIVE~~ ~~N. ROBERT C. SIMMONS~~ ~~WINTER HAVEN FL 33884~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/30/1990
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 117 E. LAKE AVE.	26 P.O. Box 9214
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: AUBURNDALE FL.	28 City & State: WINTER HAVEN, FL.
24 Zip: 33823 25 County: POLK	29 Zip: 33883 30 County: POLK

4. FEI Number: 59-3004633 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAIER, GERALD E. ~~1970 N. LAKE ELOISE DR.~~ WINTER HAVEN FL 33884	81 Name: GERALD E. BAIER 82 Street Address (P.O. Box Number is Not Acceptable) 83 3819 GAINES DRIVE 84 City: WINTER HAVEN FL 85 Zip Code: 33884

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition PRESIDENT
NAME	BAIER, GERALD E.	1.2 NAME	GERALD E. BAIER
STREET ADDRESS	~~1970 LAKE ELOISE DR~~	1.3 STREET ADDRESS	3819 GAINES DR.
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33884
TITLE		2.1 TITLE	☐ Change ☒ Addition VICE PRESIDENT
NAME		2.2 NAME	STEVEN C. BAIER
STREET ADDRESS		2.3 STREET ADDRESS	5004 Riverlake Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Winter Haven FL 33884
TITLE		3.1 TITLE	☐ Change ☒ Addition SEC./TREASURER
NAME		3.2 NAME	TERRIE L. MERRILL
STREET ADDRESS		3.3 STREET ADDRESS	334 Vail Dr. SE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Winter Haven, FL 33884
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(i), 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: _____ 4-8-95 813-965-4460
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

C819961 CP