FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L94447** **(4)**

1. Corporation Name

BIG J.R.'S RESTAURANT & LOUNGE, INC.

Principal Place of Business	Mailing Address
3780 TAMPA ROAD OLDSMAR FL 34677	3780 TAMPA ROAD OLDSMAR FL 34677

3. Date Incorporated or Qualified: **08/17/1990**

3a. Date of Last Report: **03/14/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **59-3024510** ☐ 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

BERGER, BARRY E.
1151 TAMPA RD
SUITE B
PALM HARBOR FL 34683

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 607.0502 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, type or print 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~~	☐ DELETE	1.1 TITLE	P/DIR.	☑ Change ☐ Addition
NAME	~~MCCALLEY, CHERYL~~		1.2 NAME	JAMES R. HUSS	
STREET ADDRESS	~~3001 VALENCIA LANE EAST~~		1.3 STREET ADDRESS	5425- OAK RIDGE DR.	
CITY-ST-ZIP	~~PALM HARBOR FL~~		1.4 CITY-ST-ZIP	PALM HARBOR, FL. 34685	
TITLE		☐ DELETE	2.1 TITLE	V.P/SEC. D.	☐ Change ☑ Addition
NAME			2.2 NAME	MICHELLE M. HUSS	
STREET ADDRESS			2.3 STREET ADDRESS	5425- OAK RIDGE DR.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	PALM HARBOR, FL. 34685	
TITLE		☐ DELETE	3.1 TITLE	DEBRA A. ARCHER	☐ Change ☑ Addition
NAME			3.2 NAME	V.P.I.D.	
STREET ADDRESS			3.3 STREET ADDRESS	5425- OAK RIDGE DR.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	PALM HARBOR, FL. 34685	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: X _____ PRESIDENT — 2/21/96 — 813-855-1052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #