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

FILED
1995 AUG -2 AM 9:18
TALLAHASSEE, FLORIDA

DOCUMENT # **M89244** **(1)**

1. Corporation Name
MARKHAM'S REBEL HOUSE RESTAURANT, INC.

Principal Place of Business
% GLYNN R. MARKHAM
511 S.W. 1ST AVE.
ALACHUA FL 32615

Mailing Address
% GLYNN R. MARKHAM
511 S.W. 1ST AVE.
ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/12/1988**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business
21 GLYNN R. MARKHAM
Suite, Apt. #, etc.
22 12510 MARTIN LUTHER KING BLVD
City & State
23 ALACHUA, FL
Zip 24 32615 Country 25 ALACHUA

2a. Mailing Address
26 P.O. BOX 217
Suite, Apt. #, etc.
27 15326 NW 147TH AVE
City & State
28 ALACHUA, FL
Zip 29 32615 Country 30 ALACHUA

4. FEI Number: **59-2909929** ☐ 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

MARKHAM, GLYNN R.
511 S.W. 1ST AVE.
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name: MARKHAM, GLYNN R.
82 Street Address (P.O. Box Number is Not Acceptable): 15326 N.W. 147 AVE
83
84 City: ALACHUA FL 85 Zip Code: 32615

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	PD	11 TITLE	☑ Change ☐ Addition
NAME	MARKHAM, GLYNN R.	12 NAME	PD
STREET ADDRESS	511 S.W. 1ST AVE.	13 STREET ADDRESS	MARKHAM, GLYNN R.
CITY ST ZIP	ALACHUA FL	14 CITY ST ZIP	15326 147TH AVE ALACHUA, FL 32615
TITLE	STD	21 TITLE	☑ Change ☐ Addition
NAME	MARKHAM, FRANCES G.	22 NAME	STD
STREET ADDRESS	511 S.W. 1ST AVE.	23 STREET ADDRESS	MARKHAM, FRANCES G.
CITY ST ZIP	ALACHUA FL	24 CITY ST ZIP	15326 NW 147TH AVE ALACHUA, FL.
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Glynn R. Markham ; GLYNN R. MARKHAM — 7-28-95 — (904) 462-3000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0412211 FP