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 -7 AM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M94478** **(8)**

1. Corporation Name

SUN DOG DINERS, INC.

Principal Place of Business	Mailing Address
C/O DAVID V. HANSFORD 207 ATLANTIC BLVD NEPTUNE BEACH FL 32266-2253	C/O DAVID V. HANSFORD 207 ATLANTIC BLVD NEPTUNE BEACH FL 32266-2253

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/15/1988**
3a. Date of Last Report: **05/23/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-2897452** ☐ 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

HANSFORD, DAVID VAUGHN
207 ATLANTIC BLVD
NEPTUNE BCH FL 32233

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 **32266**

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)
(Typed or Printed Name of Registered Agent and Title if Officer) (Registered Agent's Signature required after reinstatement)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☐ Change ☐ Addition
NAME	HANSFORD, DAVID V.	12 NAME	
STREET ADDRESS	504 BEACHCOMBER DR	13 STREET ADDRESS	
CITY ST ZIP	NEPTUNE BCH FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BULL, ANN Y.	22 NAME	
STREET ADDRESS	320 PLAZA	23 STREET ADDRESS	
CITY ST ZIP	ATLANTIC BEACH FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CONRAD, JOHN P.	32 NAME	
STREET ADDRESS	57 VILLAGE WALK DR	33 STREET ADDRESS	
CITY ST ZIP	PONTE VEDRA BEACH FL	34 CITY ST ZIP	
TITLE	DVS	41 TITLE	D ☒ Change ☐ Addition
NAME	GARRIPEE, LESTER N.	42 NAME	GARRIPEE, LESTER N.
STREET ADDRESS	16 SANDPIPER COVE	43 STREET ADDRESS	9009 WESTERN LAKE DR. #607
CITY ST ZIP	PONTE VEDRA BEACH FL	44 CITY ST ZIP	JACKSONVILLE, FL 32256
TITLE	D	51 TITLE	DVS ☒ Change ☐ Addition
NAME	PARRISH, LEWIS G.	52 NAME	PARRISH, LEWIS G
STREET ADDRESS	8892 NORMANDY BLVD.	53 STREET ADDRESS	8892 NORMANDY BLVD
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	JACKSONVILLE, FL 32221
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	KEES, CHARLES	62 NAME	KEES, CHARLES
STREET ADDRESS	9761 SUMMER PLCE	63 STREET ADDRESS	NO LONGER A DIRECTOR
CITY ST ZIP	PONTE VEDRA BEACH FL	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 the 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: _____ DAVID V. HANSFORD 1/10/95 (904) 241-8221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0009320 CP