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Mar 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **M94478** (8)  
1. Corporation Name  
**SUN DOG DINERS, INC.**



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

Mailing Address  
**C/O DAVID V. HANSFORD  
207 ATLANTIC BLVD  
NEPTUNE BEACH FL 32266-2253**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/15/1988</b>	
21		26		4. FEI Number <b>59-2897452</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**HANSFORD, DAVID VAUGHN  
207 ATLANTIC BLVD  
NEPTUNE BCH FL 32266**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 **DAVID VAUGHN HANSFORD** *David Vaughn Hansford* **1/8/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DPT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANSFORD, DAVID V.</b>	1.2 NAME	<b>HANSFORD, DAVID V.</b>
STREET ADDRESS	<b>504 BEACHCOMBER DR</b>	1.3 STREET ADDRESS	<b>1844 OCEAN GROVE DR</b>
CITY-ST-ZIP	<b>NEPTUNE BCH FL</b>	1.4 CITY-ST-ZIP	<b>ATLANTIC BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BULL, ANN Y.</b>	2.2 NAME	
STREET ADDRESS	<b>320 PLAZA</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTIC BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONRAD, JOHN P.</b>	3.2 NAME	<b>CONRAD, JOHN P., DECEASED, ESTATE OF</b>
STREET ADDRESS	<b>57 VILLAGE WALK DR</b>	3.3 STREET ADDRESS	<b>57 VILLAGE WALK DR</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL</b>	3.4 CITY-ST-ZIP	<b>PONTE VEDRA BEACH, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARRIPEE, LESTER N.</b>	4.2 NAME	<b>GARRIPEE, LESTER N.</b>
STREET ADDRESS	<b>9009 WESTERN LAKE DRIVE #607</b>	4.3 STREET ADDRESS	<b>284 DEER RUN DRIVE S</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	<b>PONTE VEDRA BEACH, FL</b>
TITLE	<b>DYSS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>DYSS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARRISH, LEWIS G.</b>	5.2 NAME	<b>PARRISH, LEWIS G.</b>
STREET ADDRESS	<b>8892 NORMANDY BLVD.</b>	5.3 STREET ADDRESS	<b>996 BLANDING BLVD.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	<b>ORANGE PARK, FL 32065</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 *David Vaughn Hansford* **DAVID V. HANSFORD PRES** **2/1/98**

CR2E034 (1097)