

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 # M99901 (4)

1. Corporation Name

G & A RESTAURANT, INC.



Principal Place of Business

% GEORGE ATHANASELOS
8616 U.S. #19
PORT RICHEY FL 34668

Mailing Address

% GEORGE ATHANASELOS
8616 U.S. #19
PORT RICHEY FL 34668

3. Date Incorporated or Qualified
09/22/1988

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2911706

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ATHANASELOS, GEORGE
8616 U.S. #19
NEW PORT RICHEY FL 34668

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

ATHANASELOS, GEORGE
8616 US #19
PORT RICHEY FL

☐

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

ATHANASELOS, ANTONIA
8616 US #19
PORT RICHEY FL

☐

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

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DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE

☐

Change

☐

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2. 1 TITLE

☐

Change

☐

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3. 1 TITLE

☐

Change

☐

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4. 1 TITLE

☐

Change

☐

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5. 1 TITLE

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6. 1 TITLE

☐

Change

☐

Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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:

Antonina Athanaselos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96
Date

8450024
Daytime Phone #

CR2E034 (12/95)