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FILED

Mar 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000002519 (7)

1. Corporation Name

FLORIDA RESTAURANT CHARITIES, INC.

Principal Place of Business

Mailing Address

130 37TH AVE., NORTH  
ST. PETERSBURG FL 33704130 37TH AVE., NORTH  
ST. PETERSBURG FL 33704-14143. Date Incorporated or Qualified  
06/04/19933a. Date of Last Report  
04/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

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25

29

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4. FEI Number  
59-3202199Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL & BANKER  
ATTN: R. ALAN HIGBEE  
501 E KENNEDY BLVD SUITE 1700  
TAMPA FL 33602

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME HAYES, BEN  
STREET ADDRESS 130 37TH AVENUE NORTH  
CITY - ST - ZIP ST. PETERSBURG FL 337041.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE SD ☐ DELETE  
NAME MANZON, CATHY  
STREET ADDRESS 130 37TH AVENUE NORTH  
CITY - ST - ZIP ST. PETERSBURG FL 337042.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE TD ☐ DELETE  
NAME MURRAY, MARLENE  
STREET ADDRESS 130 37TH AVE N  
CITY - ST - ZIP ST PETERSBURG FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE SD ☐ DELETE  
NAME HANEYIVT, JIM  
STREET ADDRESS 130 37TH AVE N  
CITY - ST - ZIP ST PETERSBURG FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE VD ☐ DELETE  
NAME HASKEL, LAVIS  
STREET ADDRESS 130 37TH AVE N  
CITY - ST - ZIP ST PETERSBURG FL5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME Louis Haskel  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 813-441-1040

CR2E037 (9/96)