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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 11:18

DOCUMENT # P06908 (8)

1. Corporation Name
GULF SHORES RESTAURANTS CORPORATION

Principal Place of Business	Mailing Address
5581 ANDREWS RD P O BOX 190069 MOBILE AL 36619	5581 ANDREWS RD P O BOX 190069 MOBILE AL 36619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1985
3a. Date of Last Report: 04/27/1994
4. FEI Number: 63-0814669 ☐ Applied For ☐ Not Applicable

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

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

LEE, CHADICK
4508 PITCHING WEDGE WAY
SEBRING FL 33872

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1 1 TITLE		☐ Change ☐ Addition
NAME	EVANS, MURRY J.	1 2 NAME		
STREET ADDRESS	4613 ANDREWS ROAD	1 3 STREET ADDRESS		
CITY ST ZIP	MOBILE AL	1 4 CITY ST ZIP		
TITLE	STD	2 1 TITLE		☒ Change ☐ Addition
NAME	EVANS, MARILYN H.	2 2 NAME	TED BURKE, JR.	
STREET ADDRESS	4613 ANDREWS ROAD	2 3 STREET ADDRESS		
CITY ST ZIP	MOBILE AL	2 4 CITY ST ZIP		
TITLE	V	3 1 TITLE		☐ Change ☐ Addition
NAME	BURKE, TED JR.	3 2 NAME		
STREET ADDRESS	4613 ANDREWS ROAD	3 3 STREET ADDRESS		
CITY ST ZIP	MOBILE AL	3 4 CITY ST ZIP		
TITLE	S	4 1 TITLE		☐ Change ☐ Addition
NAME	GRIZZLE, REBECCA I.(AST)	4 2 NAME		
STREET ADDRESS	4613 ANDREWS ROAD	4 3 STREET ADDRESS		
CITY ST ZIP	MOBILE AL	4 4 CITY ST ZIP		
TITLE	V	5 1 TITLE		☒ Change ☐ Addition
NAME	PORTELLA, PETER G.	5 2 NAME	JAMES W. HARTMAN, III	
STREET ADDRESS	4613 ANDREWS RD	5 3 STREET ADDRESS		
CITY ST ZIP	MOBILE AL	5 4 CITY ST ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY ST ZIP		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: James W. Hartman III — JAMES W. HARTMAN, III — 5/4/95 — (334) 661-6191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0471030 FF