SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 15 PM 11:57

DOCUMENT # **P14721** **(5)**

1. Corporation Name

HOOTERS OF JACKSONVILLE LANDING, INC.

Principal Place of Business	Mailing Address
2 INDEPENDENT DR 103 JACKSONVILLE FL 32202 US	4501 CIRCLE 75 PKWY STE E-5110 ATLANTA GA 30339 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/04/1987**
3a. Date of Last Report: **05/01/1994**

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: **59-2785788** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~COB~~	11 TITLE	☒ Change ☐ Addition	
NAME	~~BROOKS, ROBERT H~~	12 NAME	Delete	
STREET ADDRESS	~~4501 CIRCLE 75 PKWY, STE E-5110~~	13 STREET ADDRESS		
CITY ST ZIP	~~ATLANTA GA~~	14 CITY ST ZIP		
TITLE	ST	21 TITLE	☐ Change ☐ Addition	
NAME	ABBOTT, KEN	22 NAME		
STREET ADDRESS	4501 CIR 74 PKWY, STE E-5110	23 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	24 CITY ST ZIP		
TITLE	EVP	31 TITLE	P ☐ Change ☐ Addition	
NAME	AKAM, RICK	32 NAME		
STREET ADDRESS	4501 CIR 75 PKWY, STE E-5110	33 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	34 CITY ST ZIP		
TITLE	VPAS	41 TITLE	☐ Change ☐ Addition	
NAME	MICHAEL, GREG	42 NAME		
STREET ADDRESS	4501 CIR 75 PKWY, STE E-5110	43 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	44 CITY ST ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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 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: _____ 6/16/95 404-951-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000021P CP