

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 AM 8:27

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Monham Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	---

DOCUMENT # P27630 (3)
1. Corporation Name JINRIGHT,S SEAFOOD HOUSE NO.2, INC.

Principal Place of Business P.O. BOX 310-53 U.S. 17 S YULEE, FL 32097	Mailing Address P.O. BOX 310-53 U.S. 17 S YULEE, FL 32097
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28	3. Date Incorporated or Qualified 01/08/1990	3a. Date of Last Report 06/28/1994	4. FEI Number 58-1727176	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			

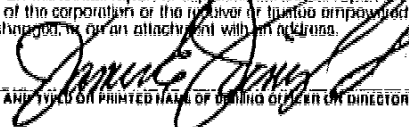
9. Name and Address of Current Registered Agent JINRIGHT, JAMES E., III 555 MERRYLENE RD. YULEE FL 32097	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
---	--

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 registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	☐ Change ☐ Addition
NAME	JINRIGHT, JAMES E., III	2. NAME	
STREET ADDRESS	555 MERRYLENE RD.	3. STREET ADDRESS	
CITY - ST - ZIP	YULEE, FL	4. CITY - ST - ZIP	
TITLE	VPD	21. TITLE	☐ Change ☐ Addition
NAME	GINN, CHARLOTTE F.	22. NAME	
STREET ADDRESS	10704 GINA DR.	23. STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	24. CITY - ST - ZIP	
TITLE	STD	31. TITLE	☐ Change ☐ Addition
NAME	JINRIGHT, CHIQUITA LYN	32. NAME	
STREET ADDRESS	555 MERRYLENE RD.	33. STREET ADDRESS	
CITY - ST - ZIP	YULEE FL	34. CITY - ST - ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		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	

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by an attachment with an address.

SIGNATURE:  5/24/91 - 904-225-0770
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR