

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 2:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P92000004421 (3)

1. Corporation Name

TOUCAN'S RESTAURANT, INC.

Principal Place of Business

**812 HWY 90
MEXICO BCH FL 32410
US**

Mailing Address

**PO BOX 13772
MEXICO BCH FL 32410-3772
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/13/1992

3a. Date of Last Report

04/20/1994

4. FEI Number

65-0369323

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under G. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HUGHES, J J
1017-A THOMASVILLE RD
TALLAHASSEE FL 32303**

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 fee if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPTC
NORMAN, MICHAEL
PO BOX 13772 N/A
MEXICO BCH FL**

1 1 TITLE ☐ Change ☐ Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
THIEL, JOSEPH M.
BOX 644 N/A
PORT ST JOE FL**

2 1 TITLE ☐ Change ☐ Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
NORMAN, ELIZABETH S.
BOX 13772 N/A
MEXICO BCH FL**

3 1 TITLE ☐ Change ☐ Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4 1 TITLE ☐ Change ☐ Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5 1 TITLE ☐ Change ☐ Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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:

Michael Norman
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR
Michael Norman

Director

4/20/95

704-648-8128