

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 27 1996 8:00 am  
Secretary of State

DOCUMENT # P92000012812 (3)

1. Corporation Name

SOUNDSIDE RESTAURANTS, INC.

Principal Place of Business

76 EAST HIGHWAY 98  
DESTIN FL 32401  
US

Mailing Address

76 EAST HIGHWAY 98  
DESTIN FL 32401  
US

2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 State Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MATTHEWS, DANA C. E  
607 EAST HIGHWAY 98  
DESTIN FL 32541

3. Date Incorporated or Qualified

12/17/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3166876

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

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Print Name of Registered Agent or Director)

DATE

12. OFFICERS AND DIRECTORS

| 12. OFFICERS AND DIRECTORS                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                       |
|-------------------------------------------|-----------------------------------------------------------------------------|
| 1. TITLE <input type="checkbox"/> DELETE  | 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                                      | 2. NAME                                                                     |
| 3. STREET ADDRESS                         | 3. STREET ADDRESS                                                           |
| 4. CITY, ST, ZIP                          | 4. CITY, ST, ZIP                                                            |
| 5. TITLE <input type="checkbox"/> DELETE  | 5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                                      | 6. NAME                                                                     |
| 7. STREET ADDRESS                         | 7. STREET ADDRESS                                                           |
| 8. CITY, ST, ZIP                          | 8. CITY, ST, ZIP                                                            |
| 9. TITLE <input type="checkbox"/> DELETE  | 9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                                      | 10. NAME                                                                    |
| 11. STREET ADDRESS                        | 11. STREET ADDRESS                                                          |
| 12. CITY, ST, ZIP                         | 12. CITY, ST, ZIP                                                           |
| 13. TITLE <input type="checkbox"/> DELETE | 13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                      | 14. NAME                                                                    |
| 15. STREET ADDRESS                        | 15. STREET ADDRESS                                                          |
| 16. CITY, ST, ZIP                         | 16. 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)(g), 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 Book 12 or Book 13 if changed, or on an affidavit with an address.

SIGNATURE:

*R Wayne Lewis*  
R Wayne Lewis

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-76

654-0900

Daytime Phone #

CR2E034 (12/95)