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 10 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000013278 (5)**

1. Corporation Name
PAPA'S HIDEAWAY, INC.

Principal Place of Business	Mailing Address
309 LOUISA ST. KEY WEST FL 33040	309 LOUISA ST. KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/12/1993**
3a. Date of Last Report: **04/14/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **65-0393621** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MCBRATNIE, SHAWN M
309 LOUISA ST.
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name: PATTI J. McGEE
82 Street Address (P.O. Box Number is Not Acceptable): 309 Louisa Street
83
84 City: Key West FL 85 Zip Code: 33040

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: Patti J. McGee PATTI J. McGEE OWNER 3/29/95
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	D	1.1 TITLE	President	☑ Change ☐ Addition
NAME	MCBRATNIE, SHAWN M	1.2 NAME	PATTI J. McGEE	
STREET ADDRESS	309 LOUISA ST.	1.3 STREET ADDRESS	309 Louisa Street	
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	Key West, FL 33040	
TITLE	D	2.1 TITLE	Vice President	☐ Change ☐ Addition
NAME	ISLANDS, SANDY	2.2 NAME	ELLEN V. NEWIN	
STREET ADDRESS	309 LOUISA ST.	2.3 STREET ADDRESS	309 Louisa Street	
CITY-ST-ZIP	KEY WEST FL 33040	2.4 CITY-ST-ZIP	Key West, FL 33040	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Patti J. McGee PATTI J. McGEE 3/22/95 305-294-7709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5160700 CP