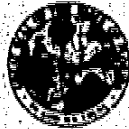


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Northam
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

**309 LOUISA ST.
KEY WEST FL 33040**

Mailing Address

**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

4. FEI Number

65-0393621

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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 registering)

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

MCBRATNIE, SHAWN M

STREET ADDRESS

309 LOUISA ST.

CITY - ST - ZIP

KEY WEST FL 33040

TITLE

D

NAME

ISLANDS, SANDY

STREET ADDRESS

309 LOUISA ST.

CITY - ST - ZIP

KEY WEST FL 33040

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☒ Change ☐ Addition

1.2 NAME

PATTI J. MCGEE

1.3 STREET ADDRESS

309 LOUISA STREET

1.4 CITY - ST - ZIP

Key West, FL 33040

2.1 TITLE

Vice President

☐ Change ☐ Addition

2.2 NAME

ELLEN V. NEWMAN

2.3 STREET ADDRESS

309 LOUISA STREET

2.4 CITY - ST - ZIP

Key West, FL 33040

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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, or on an attachment with an address.

SIGNATURE:

Patti J. McGee

PATTI J. MCGEE

3/22/95

305-299-7709

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(Date)

(Telephone Number)