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 MAY -1 PM 4:51
TALLAHASSEE, FLORIDA

DOCUMENT # P93000033831 (7)

1. Corporation Name
SANDCASTLE GRILL, INC.

Principal Place of Business	Mailing Address
15675 MCGREGOR BLVD FT MYERS FL 33908 US	15675 MCGREGOR BLVD FT MYERS FL 33908 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0412099	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

POWELL, WILLIAM M
2002 DEL PRADO BLVD.
SUITE 105
CAPE CORAL FL 33990

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	LAMBERG, JOHN J	12 NAME	
STREET ADDRESS	112 S. CIRCLE AVE.	13 STREET ADDRESS	
CITY ST ZIP	BLOOMINGDALE IL 60108	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	LAMBERG, SALLY I	22 NAME	000001475160
STREET ADDRESS	112 S. CIRCLE AVE.	23 STREET ADDRESS	-05/04/95--01005--005
CITY ST ZIP	BLOOMINGDALE IL 60108	24 CITY ST ZIP	****225.00 ****225.00
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	LAMBERG, MARILYN	32 NAME	
STREET ADDRESS	1721 S.E. 21ST TERRACE	33 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL 33990	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	LAMBERG, MARILYN	42 NAME	
STREET ADDRESS	1721 S.E. 21ST TERRACE	43 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL 33990	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	TR 5/3/95

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: _____ 3-7-95 (813) 482-1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0933304 CP